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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

I. Operator
Cities Service Company
Address
Box 1919, Midland, TX 79702
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) This well was a gas well but has been re-completed as an oil well in the same producing zone.
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name THOMAS	Well No. 2	Pool Name, including Formation Jalmat (Yates 7 Rivers)	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter G ; 2310 Feet From The North Line and 2210 Feet From The East Line of Section 19 Township 24S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Cities Service Company	Address (Give address to which approved copy of this form is to be sent) Box 1919, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 1384, Jal, NM 88252					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 19	Twp. 24S	Rge. 37E	Is gas actually connected? Yes	When 2/12/80

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X			X			X	
Date Spudded 8/20/80	Date Compl. Ready to Prod. 10/12/80		Total Depth 3680		P.B.T.D. 3487			
Elevations (DF, RKB, RT, GR, etc.) 3293' GR	Name of Producing Formation Yates 7 Rvs.		Top Oil/Gas Pay 2870		Tubing Depth 3315			
Perforations					Depth Casing Shoe 2870			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	8-5/8"		1204		625 sacks			
	5 1/2"		2870		250 sacks			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)


Date First New Oil Run To Tanks 9/11/80	Date of Test 10/12/80	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 16	Water-Bbls. -0-	Gas-MCF 132

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Region Operations Manager
(Title)
10/14/80
(Date)

oil Allowable assigned from

OIL CONSERVATION COMMISSION

APPROVED _____, 19_____
BY _____
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.