

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

Form C-104
Supersedes Old C-101 and C-11
Effective 1-1-65

OPERATION	
SANITARY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Cities Service Oil & Gas Corporation
Address P.O. Box 1919 - Midland, Texas 79702
Reason(s) for filing (Check proper box) ☐ New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Recompletion ☐ Casinghead Gas ☐ Condensate ☒ Change in Ownership ☒ Other (Please explain) Change of Operator's Name is effective April 1, 1983.
If change of ownership give name and address of previous owner Cities Service Company - P.O. Box 1919 - Midland, Texas 79702

DESCRIPTION OF WELL AND LEASE
Lease Name Hodges B Well No., Pool Name, including Formation 4 Justis Blinney Kind of Lease Fee Lease No. _____
Location Unit Letter M : 990 Feet From The South Line and 660 Feet From The West Line of Section 1 Township 25S Range 37E NMPM, LE 2 County _____

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ TEXAS-NEW MEXICO PIPELINE CO. Address (Give address to which approved copy of this form is to be sent) Box 2528 - Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ El Paso Natural Gas Co. Address (Give address to which approved copy of this form is to be sent) Box 1384 - Jol, New Mexico 88252
If well produces oil or liquids, give location of tanks. Unit L Sec. 1 Twp. 25S Rge. 37E Is gas actually connected? YPS When _____

If this production is commingled with that from any other lease or pool, give commingling order number: _____
COMPLETION DATA
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'ty. ☐ Part. Res'ty. ☐
Date Spudded _____ Date Compl. ready to Prod. _____ Total Depth _____ P.D.T.D. _____
Elevations (DF, RKB, RT, CR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
Perforations _____ Depth Casing Shoe _____

TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE _____ CASING & TUBING SIZE _____ DEPTH SET _____ SACKS CEMENT _____

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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 _____ Date of Test _____ Producing Method (Flow, pump, gas lift, etc.) _____
Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____
Actual Prod. During Test _____ Oil-Bbls. _____ Water-Bbls. _____ Gas-MCF _____

GAS WELL
Actual Prod. Test-MCF/D _____ Length of Test _____ Bbls. Condensate/MCF _____ Gravity of Condensate _____
Testing Method (flow, back pr.) _____ Tubing Pressure (shut-in) _____ Casing Pressure (shut-in) _____ Choke Size _____

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.
Elmer Stutz
(Signature)
Region Operations Manager
(Title)
March 14, 1983
(Date)

OIL CONSERVATION COMMISSION
APR 8 1983
APPROVED _____, 19_____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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 portions 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 change of owner, well name or number, or transporter, or other such change of condition.

RECEIVED

MAR 28 1983

O.C.D.
HOBBS OFFICE