DISTRIBUTION		
ANTA FE		
ILE		
.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMP___ ___ION

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-10·
Supersedes Old C-104 and C
Effective 1-1-65

I.

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:

Recompletion ☐   Oil ☒   Dry Gas ☐

Change in Ownership ☐   Casinghead Gas ☐   Condensate ☐

Other *(Please explain)*

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No
Thomas A	3	Langlie Mattix 7 Rivers Queen	Fee	

Location

Unit Letter __J__ ; __1980__ Feet From The __South__ Line and __1980__ 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 ☒ or Condensate ☐
Koch Oil Company of Texas, Inc.

Address *(Give address to which approved copy of this form is to be sent)*
Box 1558 - Breckenridge, Texas 76024

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
El Paso Natural Gas Company

Address *(Give address to which approved copy of this form is to be sent)*
Box 1384 - Jal, New Mexico 88252

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	19	24S	37E	Yes	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Res'

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Elevations (DF, RKB, RT, GR, 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

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	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/MMCF	Gravity of Condensate

Testing Method (pilot, 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) Elmer Startz

Region Operations Manager - Production
(Title)

March 30, 1984
(Date)

OIL CONSERVATION COMMISSION

APPROVED ___APR 4 1984___, 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 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 ____ ____ _____