

DISTRIBUTION	
ANTAF E	/
ILE	/
S.G.S.	/
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	/

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

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

RECEIVED

AUG 14 1978

I. PERORATION OFFICE

Operator
Cities Service Company

Address
P.O. Box 1919 Midland, TX 79702

Reason(s) for filing (Check proper box)
 New Well ☐ *Designate*
 Recompletion ☐ *Change in Transporter of:*
 Change in Ownership ☐ Oil ☐ Dry Gas ☒ *Other (Please explain)*
 Casinghead Gas ☐ Condensate ☐

G. C. C.
ARTESIA, OFFICE

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Polk "A" Com	Well No. 1	Form Name <i>Polk "A" Com</i> Shades - Straw	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter B 660 Feet From The North Line and 2310 Feet From The East					
Line of Section 17 Township 23S Range 28E, NMPM, Eddy County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Not Determined	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P.O. Box 1384 Jal, NM 88252
If well produces oil or liquids, give location of tanks.	Is gas naturally connected? When
Unit B Sec. 17 Twp. 23S Rge. 28E	No Yes 8-10-78

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 Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Elevations (DF, RAB, 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

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.

J. H. Smith
(Signature)
Region Operations Manager
(Title)
August 10, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 18 1978
BY *W. A. Gressett*
TITLE SUPERVISOR, DISTRICT II

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 deviated 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 Form C-104 must be filed for each test in multiple.

DATE FILED	
FILE	
REG. NO.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION OFFICE	

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

Form O-104
 Superseding OIL C-101 and C
 Effective 1-1-65

RECEIVED

JUL 14 1978

Operator Cities Service Company		O. C. C. OFFICE	
Address P.O. Box 1919 Midland, TX 79702			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name
 and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Polk "A" Com	Well No. 1	Pool Name, Including Formation Undes. - Strawn	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter B ; 660 Feet From The North Line and 2310 Feet From The East				
Line of Section 17 Township 23S Range 28E, NMFM, Eddy County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Not Determined				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Not Determined				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 17	Twp. 23S	Range 28E
	Is gas actually connected?		When	
	No			

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Save Res't, Full, Res't
Date Spudded 12-15-77	Date Compl. Ready to Prod. 6-27-78	Total Depth 12,574'	P.B.T.D. 12,171'				
Elevations (D.F., RKB, RT, GR, etc.) 3025.5 GR	Name of Producing Formation Strawn	Top Oil/Gas Pay 11,152'	Tubing Depth 10,545'				
Perforations 11,152- 11,158'	Depth Casing Shoe 11,001'						
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
17-1/2"	13-3/8" OD	400'	400 sacks				
12-1/4"	9-5/8" OD	5550'	3050 sacks				
8-3/4"	7" OD	11001'	800 sacks				

IV. 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

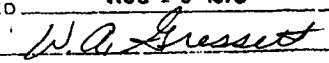
Actual Prod. Test-MCF/D 3.162	Length of Test 6-1/2 hrs	Bbls. Condensate/MCF None	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (psig-in)	Casing Pressure (psig-in)	Choke Size 28/64"

V. 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.


 Region Operations Manager
 (Date)
 July 12, 1978

OIL CONSERVATION COMMISSION

APPROVED AUG 18 1978
 BY 
 TITLE SUPERVISOR, DISTRICT II

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 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the available tests taken on the well in accordance with RULE 1111.
 All portions of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out only portions I, II, III, and VI for a change of operator, well name or number, or transporter, or other such change of condition.