

DISTRIBUTION	
ALBUQUERQUE	
EL PASO	
PERMITS	
REGISTRATION	
SALES	
TRAINING	
OPERATIONS	
INSPECTION	
LABORATORY	
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. PERFORATION 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  Condensate

Other (Please explain)

G. C. C.  
 ARTESIA, OFFICE

**II. DESCRIPTION OF WELL AND LEASE**

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

**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)
<u>Not Determined</u>	
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)
<u>El Paso Natural Gas Co.</u>	<u>P.O. Box 1384 Jal, NM 88252</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>B</u> Sec. <u>17</u> Twp. <u>23S</u> Rge. <u>28E</u>	<u>No Yes</u> <u>8-10-78</u>

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Res.
<u>(X)</u>								
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

*Tested 8-10-78 8:18 /EPG*

**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.

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

OIL CONSERVATION COMMISSION

APPROVED AUG 18 1978, 19  
 BY W. A. Gressitt  
 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 deviatric 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 well in multiple.

SALE PRICE	
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  
 Superseded OIL O-101 and O-102  
 Effective 1-1-65

**RECEIVED**

**JUL 14 1978**

Operator  
**Cities Service Company** **O. C. C.**  
ARTESIA, OFFICE

Address  
 P.O. Box 1919 Midland, TX 79702

Reason(s) for filing (check proper box) Other (Please explain)

New Well  Change in Transporter of Oil   
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

**I. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Polk "A" Com</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Undes. - Strawn</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>B</b> ; <b>660</b> Feet From The <b>North</b> Line and <b>2310</b> Feet From The <b>East</b> Line of Section <b>17</b> Township <b>23S</b> Range <b>28E</b> , N.M.P.M., <b>Eddy</b> 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"/> <b>Not Determined</b>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Not Determined</b>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <b>B</b> Sec. <b>17</b> Twp. <b>23S</b> Rge. <b>28E</b> Is gas actually connected? <b>No</b> When

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

**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 <b>3.162</b>	Length of Test <b>3-1/2 hrs</b>	Bbls. Condensate/MCF <b>None</b>	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size <b>28/64"</b>

**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.

*E. Spuller*  
 (Signature)

Region Operations Manager

(Title)

July 12, 1978

(Date)

**OIL CONSERVATION COMMISSION**

APPROVED **AUG 18 1978**, 19

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 available tests taken on the well in accordance with RULE 1111.  
 All portions of this form must be filled out completely for all oil or gas wells and recompletions.  
 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.