

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

Drawer DD Artesia, N.M.

DISTRICT OFFICE

#2

Jan. thru Apr. 1982

2136 T

NO. \_\_\_\_\_

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE March 8, 1982

PURPOSE ALLOWABLE ASSIGNMENT - TESTING

Effective for month of March, 1982 a testing allowable  
of 450 barrels of oil is hereby assigned to Cities Service  
Company, Federal R #1-I-3-19-31 in the Shugart Yates Seven  
Rivers Queen Grayburg pool.

WAG:mm

Cities Service Co.

WCO

OIL CONSERVATION DIVISION

  
\_\_\_\_\_  
DISTRICT SUPERVISOR

DISTRIBUTION			
ANTA FE		1	
ILE		X	
305 file		1	✓
LAND OFFICE			
TRANSPORTER	OIL	✓	
	GAS		
OPERATOR		1	
PRORATION 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  
Effective 1-1-65

MAR - 5 1982

I. Operator  
Cities Service Company /  
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) Request for a 450 barrel completion allowable for oil produced thru Queen Perfs 3362-3405 and Grybg. Perfs 3819-3926  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal R	Well No. 1	Pool Name, including Formation Shugart (Y-SR-Q-G)	Kind of Lease State, Federal or Fee Fed.	Lease No. LC-064833
Location Unit Letter I ; 2080 Feet From The South Line and 660 Feet From The East Line of Section 3 Township 19S Range 31E , NMPM, Eddy 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"/> Western Crude Oil, Inc.	Address (Give address to which approved copy of this form is to be sent) 405 West Indiana - Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 I	Sec. 3	Twp. 19S	Rge. 31E
Is gas actually connected?	When			

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'v.	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 (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.

Elmer Stutz  
(Signature)  
Region Operations Manager - Production  
(Title)  
March 4, 1982  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR - 8 1982  
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 Forms C-104 must be filed for each pool in multiple.