

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

DEC 3 - 1979

DISTRIBUTION		
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FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRODUCTION OFFICE		

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

Address **Box 1919, Midland, TX 79702**

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of <input type="checkbox"/>		
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Government U	Well No. 1	Pool Name, Including Formation Undesignated Wolfcamp	Kind of Lease Federal	Lease No. NM 17101
Location Unit Letter G ; 1980 Feet From The North Line and 1980 Feet From The East Line of Section 22 Township 20S 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)	
The Permian Corp.	Box 1183, Houston, TX 77001	
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)	
Cities Service Co.	Box 300, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit G Sec. 22 Twp. 20S Rge. 28E	Is gas actually connected? Yes When 11/16/79

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod. 11/14/79		Total Depth 11,490'		P.B.T.D. 10,915'			
Elevations (DF, RKB, RT, GR, etc.) 3232.5' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9,119'		Tubing Depth 9,037'			
Perforations 2 0.46" Holes each @ 9119, 9124, 9129, 9139, 9142, 9144, 9146, 9148, 9150, 9152, 9154, 9163, 9165, 9179, 9181, 9190, 9202, 9206, 9210,						Depth Casing Shoe 11,490'		
TUBING, CASING, AND CEMENTING RECORD 9211, 9212, & 9216.								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8"		350'		525 sx (Circulated)			
12 1/4"	9-5/8"		3001'		115 sx (Circulated)			
8-3/4"	5 1/2"		11490'		710 sx			

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 1 1/2" 3179
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF 11711

GAS WELL

Actual Prod. Test-MCF/D CAOF 1,335	Length of Test 4 hrs	Bbls. Condensate/MMCF 5	Gravity of Condensate 49.6
Testing Method (spot, back pr.) Back press.	Tubing Pressure (shut-in) 2,657#	Casing Pressure (shut-in)	Choke Size 16, 18, 20, 24/64"

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.

E. Spaulder
(Signature)

Region Operations Mgr.
(Title)

11/27/79
(Date)

OIL CONSERVATION COMMISSION
APPROVED **DEC 17 1979**, 19____
BY *W. A. Gessert*
TITLE **SUPERVISOR, DISTRICT 1**

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 district tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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 conditions.