

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

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

Form C-10
Supersedes Old C-104 and C
Effective 1-1-85

Operator	Cities Service Oil & Gas Corporation
Address	P. O. Box 1919, Midland, Texas 79702
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
	Ownership-name change Effective January 1, 1986
If change of ownership give name and address of previous owner	OXY Petroleum, Inc.

DESCRIPTION OF WELL AND LEASE				
Lease Name	Jicarilla West	Well No.	9	Pool Name, Including Formation
				Blanco Mesa Verde Gas
Kind of Lease	State, Federal or Fee			Federal
Lease No				
Location				
Unit Letter	K	2460	Feet From The	south
			Line and	1460
			Feet From The	West
Line of Section	6	Township	26N	Range
			5W	NMPM,
				Rio Arriba
				County

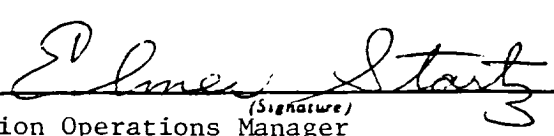
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input type="checkbox"/>	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
The Permian Corporation		P. O. Box 1183, Houston, Texas 77251		
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)		
Northwest Pipeline Corporation		P. O. Box 8900, Salt Lake City, Utah 84108		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	K	6	26N	5W
Is gas actually connected?	Yes			
When				

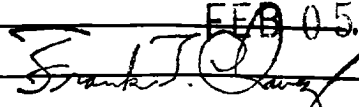
If this production is commingled with that from any other lease or pool, give commingling order number:

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	

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

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	
(Title)	
January 31, 1986	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED	FEB 05 1986
BY	
TITLE	SUPERVISOR DISTRICT # 3
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 well in multiple.	

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Operator Cities Service Oil & Gas Corporation	
Address P. O. Box 1919, Midland, Texas 79702	
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New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
Other (Please explain) Ownership-Name Change Effective January 1, 1986	
If change of ownership give name and address of previous owner OXY Petroleum, Inc.	

DESCRIPTION OF WELL AND LEASE				
Lease Name Jicarilla West	Well No. 9	Pool Name, including Formation Basin Dakota Gas	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter <u>K</u> ; <u>2460</u> Feet From The <u>South</u> Line and <u>1460</u> Feet From The <u>West</u> Line of Section <u>6</u> Township <u>26N</u> Range <u>5W</u> , NMPM, Rio Arriba County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation Permian (EL 9/1/87)		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77251		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation		Address (Give address to which approved copy of this form is to be sent) P. O. Box 8900, Salt Lake City, Utah 84108		
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 6	Twp. 26N	Pge. 5W
			Is gas actually connected? Yes	When

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't
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

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

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Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.	
<u>Elmer Stutz</u> (Signature) Region Operations Manager	
January 31, 1986 (Date)	

OIL CONSERVATION COMMISSION	
FEB 05 1986	
APPROVED	
BY	<u>Frank J. [Signature]</u>
TITLE	SUPERVISOR DISTRICT #3
This form is to be filed in compliance with RULE 1104.	
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Separate Forms C-104 must be filed for each pool in multilateral.	