

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator
Cities Service Oil and Gas Corporation

Address
P.O. Box 1919 - Midland, Texas 79702

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

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

Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service. *BDM*

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

DESCRIPTION OF WELL AND LEASE *Central Corbin Queen R 8104 12-10-85*

Lease Name Federal AE	Well No. 1	Pool Name, including Formation <i>Queen</i> Undesignated Queen	Kind of Lease State, Federal or Fee Fed. LC	Lease No. 029489-B
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Location
Unit Letter 0 ; 660 Feet From The South Line and 1980 Feet From The East
Line of Section 4 Township 18S Range 33E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3609 - Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 Sec. Twp. Rge. Is gas actually connected? When
	N 4 18S 33E No

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 9-27-85	Date Compl. Ready to Prod. 11-09-85	Total Depth 4300'	P.B.T.D. 4256'					
Elevations (DF, RKB, RT, GR, etc.) 3992' GR	Name of Producing Formation Queen	Top Oil/Gas Pay 4221'	Tubing Depth 4212'					
Perforations 4 SPF @ 4221, 22, 23, 27, 28, 29, 39, 40 and 4241'. Total of 36 holes (0.45" dia & 14.70"pen).						Depth Casing Shoe 4300'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	388'	350 sacks
7-7/8"	5-1/2"	4300'	1250 sacks

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 10-09-85	Date of Test 11-09-85	Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls. 176	Water - Bbls. -0- Gas - MCF 20

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Elmer Startz
(Signature)
Region Operations Manager - Production
(Title)
November 11, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 14 1985, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

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 Form C-104 must be filed for each pool in multiple completed wells.