

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

NEW MEXICO OIL CONSERVATION MISSION
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

O. C. C.
ARTEBIA, OFFICE

I. Operator Cities Service Company
Address P.O. Box 1919, Midland, TX 79702
Reason(s) for filing (Check proper box) Designate
New Well ☐ Designate Transporter of: ☐ Oil ☐ Dry Gas ☒ X
Recompletion ☐ ☐ Casinghead Gas ☐ ☐ Condensate ☐ ☐
Change in Ownership ☐
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Polk "A" Com	Well No.	1	Payable to	Morrow	Kind of Lease	State, Federal or Fee	Fee	Lease N
Location	Unit Letter	B	660	Feet From The	North	Line and	2310	Feet From The	East
Line of Section	17	Township	23S	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)
Not Determined	
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)
El Paso Natural Gas Co.	P.O. Box 1384, Jal, NM 88252
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit B, Sec. 17, Twp. 23S, Rng. 28E	No yes 8-10-78

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, 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

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

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.

John L. Smith
(Signature)
Region Operations Manager
(Title)
August 10, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 30 1978
BY W. A. Grasset
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 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.

OIL CONSERVATION COMMISSION

P. O. DRAWER DD

ARTESIA, NEW MEXICO 88210

RECEIVED

AUG 17 1978

O. C. C.
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE August 14, 1978

This is to notify the Oil Conservation Commission that connection for the purchase
of gas from the Cities Service Oil Company ✓,
Polk "A" Com., #1 B, 17-23-28
LEASE WELL & UNIT S.T.R.
Wildcat Strawn, El Paso Natural Gas Company
POOL NAME OF PURCHASER
was made on August 10, 1978, 25737
SITE CODE

El Paso Natural Gas Co.

PURCHASER

Travis R. Elliott
REPRESENTATIVEGas Production Status Analyst

TITLE

TRE:bl

cc: Operator
Oil Conservation Commission - Santa Fe
H. P. Logan
T. J. Crutchfield
Proration
File

OIL CONSERVATION COMMISSION

P. O. DRAWER DD

ARTESIA, NEW MEXICO 88210

RECEIVED

AUG 17 1978

O. C. C.
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE August 14, 1978

This is to notify the Oil Conservation Commission that connection for the purchase of gas from the Cities Service Oil Company ✓

Polk "A" Com.

#1

B

17-23-28

LEASE

WELL & UNIT

S.T.R.

Wildcat Morrow

El Paso Natural Gas Co.

POOL

NAME OF PURCHASER

was made on August 10, 1978

25736

SITE CODE

El Paso Natural Gas Co.

PURCHASER

Thomas R. Elliott
REPRESENTATIVE

Gas Production Status Analyst

TITLE

TRE:bl

cc: Operator

Oil Conservation Commission - Santa Fe

H. P. Logan

T. J. Crutchfield

Proration

File

RECEIVED

AUG 25 1978

O. C. C.
ARTESIA, OFFICEDATE 8/23 19 78

ADVICE ON WELLS TIED INTO GAS GATHERING SYSTEMS

Name of Producer Cities Service Oil Co. ✓

Well Name and Number Polk "A" Com. #1 (Morrow)

Location 6 60'N, 2310'E, Sec. 17, T-23-S, R-28-E, Eddy Co., NM

Pool Name Wildcat Morrow

Producing Formation Morrow

Top of Gas Pay 12,076'

Oil or Gas Well Gas

Gas Unit Allocation 320 Acres N 1/2

Date Tied Into Gathering Systems August 10, 1978

Date of First Delivery August 22, 1978

Gas Gathering System Carlsbad Gathering System

Processed through Gasoline Plant (yes or no) No

Station Number 58-014-01

Remarks: Site Code: 25736-2-01

By: Truman R. Elliott Dispatching

AFFIDAVIT

State of Texas Citities Service Company

County of Midland Lease Name Polk "A" Com Well # 1

To Sec. 17 Twp. 23S Rge. 28E

County of Eddy

State New Mexico

E. Y. Wilder of lawful age being first duly sworn deposes and says:

That he supervises development and operation of the captioned lease and is duly qualified and authorized to make this affidavit and is fully acquainted with all facts herein set out concerning Deviation and Directional drilling.

Degrees	Depth	Degrees	Depth	Degrees	Depth
.25	176'	1.50	3140'	1.50	8570'
.75	400'	1.00	3630'	1.50	8710'
.50	650'	1.00	4130'	1.50	9015'
.00	944'	1.25	4620'	1.25	9250'
.00	1180'	1.25	5120'	1.00	9540'
1.00	1540'	.75	5560'	.50	9850'
.50	1691'	.75	6058'	.00	10300'
1.00	1785'	1.00	6330'	1.25	10768'
1.00	1940'	1.75	6600'	1.75	10990'
1.75	2025'	1.25	6825'	1.50	11480'
1.75	2157'	1.50	7180'	1.50	11977'
2.00	2300'	1.50	7650'	2.00	12300'
1.50	2670'	1.25	7970'	2.50	12574'
		1.25	8200'		

Further affiant saith not.

RECEIVED

JUL 14 1978

O. C. C.
ARTESIA, OFFICE

E. Y. Wilder

Subscribed and sworn to before me this 12 day of July, 1978.

My Commission Expires 10-31-78 Christine Hamk Notary Public
Midland County, Texas

RECEIVED

AUG 25 1978

DATE August 23 19 78O. C. C.
ARTESIA, OFFICE

ADVICE ON WELLS TIED INTO GAS GATHERING SYSTEMS

Name of Producer Cities Service Oil Co. ✓

Well Name and Number Polk "A" Com. #1 (Strawn)

Location 660'N, 2310'E, Sec. 17, T-23-S, R-28-E, Eddy Co., NM

Pool Name Wildcat Strawn

Producing Formation Strawn

Top of Gas Pay 11,151'

Oil or Gas Well Gas

Gas Unit Allocation 320 Acres

Date Tied Into Gathering Systems 8/10/78

Date of First Delivery 8/14/78

Gas Gathering System Carlsbad Gathering System

Processed through Gasoline Plant (yes or no) No

Station Number 58-013-01

Remarks: Site Code: 25737-0-01

By: Tyler R. E. Smith Dispatching

DISTRIBUTION		5
SANTA FE		1
FILE		1
S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
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 1
Effective 1-1-65

RECEIVED

SEP 14 1978

I. Operator
Cities Service Company ✓
Address
P.O. Box 1919 Midland, TX 79702
Reason(s) for filing (Check proper box)
New Well ☐ Recompletion ☐ Change in Ownership ☐
Other (Please explain)
Designate
Change in Transporter at:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☒

D. C. C.
ARTESIA, OFFICE

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name
Polk "A" Com
Well No. 1
Pool Name, Including Formation
Undert - Strawn
Kind of Lease
State, Federal or Fee
Fee
Location
Unit Letter B : 660 Feet From The North Line and 2310 Feet From The East
Line of Section 17 Township 23S Range 28E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒
The Permian Corp.
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1183 Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
El Paso Natural Gas Co.
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1384 Jal, NM 88252
If well produces oil or liquids,
give location of tanks. Unit B Sec. 17 Twp. 23S Rge. 28E
Is gas actually connected? When Yes 8/10/78

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 Resv. Diff. Resv.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, 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

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

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. Spalden
(Signature)

Region Operations Manager
(Title)

September 12, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 14 1978, 19

BY *W. A. Gussert*
SUPERVISOR, DISTRICT II

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

DISTRIBUTION	
SANTA FE	/
FILE	/
U.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-104
Supersedes Old C-104 and
Effective 1-1-65

RECEIVED

SEP 14 1978

I. Operator Cities Service Company ✓

Address P.O. Box 1919 Midland, TX 79702

Reason(s) for filing (Check proper box) Designate

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☒

Change in Ownership ☐

O. C. C.
ARTEBIA, OFFICE

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Polk "A" Com Well No. 1 Pool Name, including Formation Undes - Morrow Kind of Lease State, Federal or Fee Fee Fee Lease No.

Location Unit Letter B 660 Feet From The North Line and 2310 Feet From The East

Line of Section 17 Township 23S Range 28E NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Address (Give address to which approved copy of this form is to be sent) The Permian Corp. P.O. Box 1183 Houston, TX 77001

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Co. P.O. Box 1384 Jal, NM 88252

If well produces oil or liquids, give location of tanks. Unit B Sec. 17 Twp. 23S Rge. 28E Is gas actually connected? Yes When 8/10/78

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'v. ☐

Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.

Elevations (DF, RKB, 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

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

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. Spiller
(Signature)

Region Operations Manager

September 12, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 14 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 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.