

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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DISTRIBUTION

SANTA FE

FILE

U.S.U.S.

LAND OFFICE

TRANSPORTER

OPERATOR

PADATION OFFICE

Operator

Cities Service Oil and Gas Corporation

Address

P.O. Box 1919 - Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

To change the lease name and well number from State DL Well #1 to West BDCDGU Well #12, effective 12-01-84

If change of ownership give name and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name

West BDCDGU

Well No.

12

Pool Name, including Formation

Bravo Dome Area

Kind of Lease

State, Federal or Fee

State

Lease No.

L-5777

Location

Unit Letter

K

:

2310

Feet From The

South

Line and

1980

Feet From The

West

Line of Section

32

T. nship

20N

Range

29E

, NMPM,

Harding

County

1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

None

Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas

None, Shut-in CO2 Supply Well

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

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

2. COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Resrv.

Diff. Res.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, R&B, 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

3. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

4. 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

5. 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

Region Operations Manager - Production

January 28, 1985

(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED

2-1

1985

BY

TITLE

MANAGER

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate 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 own well name or number, or transporter, or other such change of condition.

Separate Forms O-104 must be filed for each pool in multi-completed wells.