

REGISTRATION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATION	
PRODUCTION 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
RECEIVED

MAR 15 1983

O. C. D.
ARTESIA, OFFICE

Operator
Cities Service Oil & Gas Corporation ✓

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

Reason(s) for filing (Check proper box)
 New Well ☐ Change in Transporter of ☐
 Recompletion ☐ Oil ☐ Dry Gas ☐
 Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
Change of operator's NAME
is effective April 1, 1983.

If change of ownership give name and address of previous owner Cities Service Company - P.O. Box 1919 - Midland, Texas 79702

DESCRIPTION OF WELL AND LEASE

Lease Name <u>POK A COM.</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>POK A COM. - STEVENSON</u>	Kind of Lease State, Federal or Fee <u>FEE</u>	Lease No. —
Location Unit Letter <u>B</u> : <u>662</u> Feet From The <u>NORTH</u> Line and <u>3310</u> Feet From The <u>EPST</u>				
Line of Section <u>17</u> Township <u>23S</u> Range <u>28E</u> N.M.P.M. <u>EDDY</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ <u>PERMIAN CORPORATION</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1183 - Houston, Texas 77001</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ <u>EL PASO NATURAL GAS CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1384 - JAL, NEW MEXICO 88252</u>
If well produces oil or liquids, give location of tanks. Unit <u>B</u> Sec. <u>17</u> Twp. <u>23S</u> Rge. <u>28E</u>	Is gas actually connected? <u>YES</u> When <u>8-14-78</u>

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	Stimulate	Partial	Full
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.D.T.D.						
Elevations (DF, RND, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing 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	Lbbs. 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

E. Lamar Stutz
(Signature)
Region Operations Manager
(Title)
March 14, 1983
(Date)

OIL CONSERVATION COMMISSION

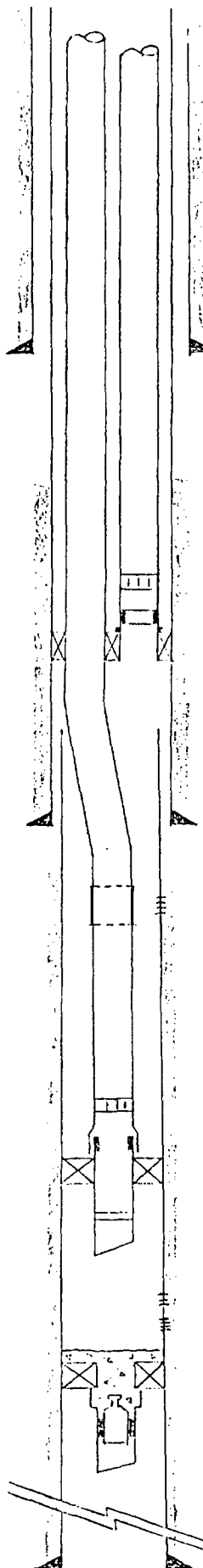
APPROVED MAR 24 1983, 19
Original Signed By
BY Leslie A. Clements
Supervisor District II
TITLE _____

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 deviator 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.

CL. LD. SERVICE CO.

Polk-A No. 1

Dual Completion



9 ⁵/₈ @ 5550'

T.O.C. @ 7200'

BFC Model "L" 1.87" Sliding Sleeve

BFC 1.78" "R" Profile Nipple

Baker Model "K" Double Grip Snap Set Dual Pkr.

7" Csg. @ 11,001'

T.O.C. @ 11,114'

Strawn Perf's 11,152'-11,158'

Two Blast Jt's Centered on Perf's

BFC Model "L" 1.87" Sliding Sleeve

Baker Model FL on-off Tool w/1.81" Profile

Baker Lock-Set Pkr. @ 12,023'

Schlumberger Quick Flow Nipple

Morrow Perf's 12,076'-80' and 12,144'-50'

PBTD 12,165' (5' Cem. on Model DB Pkr. @ 12,170')

5" 18# N-80 SFJ-P Liner @ 12,574'

TD 12,574'

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	☒
FILE	☒
U.S.G.S.	☐
LAND OFFICE	☐
TRANSPORTER	☒
OPERATOR	☒
PRODUCTION OFFICE	☐

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

MAR 29 '88

O. C. D.
ARTESIA, OFFICE

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator OXY USA Inc.

Address P. O. Box 50250, Midland, TX 79710

Reason(s) for filing (Check proper box)

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

Other (Please explain)
Change of operator's name effective April 1, 1988

If change of ownership give name and address of previous owner Cities Service Oil & Gas Corp., P. O. Box 50250, Midland, TX 79710

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Polk "A" Com.</u>	Well No. <u>1</u>	Pool Name, including Formation <u>North Loving Strawn</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u>				
Line of Section <u>17</u> Township <u>23S</u> Range <u>28E</u> NMPM, <u>Eddy</u> 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)
<u>The Permian Corporation</u>	<u>P. O. Box 1183 - Houston, TX 77001</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P. O. Box 1384 - Jal, New Mexico 88252</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>B</u> Sec. <u>17</u> Twp. <u>23S</u> Rge. <u>28E</u>	<u>NO</u>

If this production is commingled with that from any other lease or pool, give commingling order number: POST 10-3

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

F. A. Vitrano
(Signature) F. A. Vitrano
District Operations Manager - Production
(Title)
March 15, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 10 1988, 19
BY Original Signed By Mike Williams
TITLE Oil & Gas Inspector

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

If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviated 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 pool in multiple completed wells.