

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

Form OCS-10
Superseding OCS-101 and OCS-102
Effective 1-1-65

RECEIVED

AUG - 7 1978

O. C. C.
ARTEZIA, OFFICE

DISTRIBUTION	
TABLE FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION OFFICE	

Operator
Cities Service Company ✓

Address
P.O. Box 1919 Midland, TX 79702

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

New Well Change in Transporter of: Oil Dry Gas

Recompletion Oil Change in Ownership Coalinghead Gas Condensate

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name State "CY" Com	Well No. 1	Pool Name, including Formation Und. Winchester Wolfcamp	Kind of Lease State, Federal or Free State	Lease No. L-6655
Location Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>26</u> Township <u>19S</u> Range <u>28E</u> , N.M.P.M. <u>Eddy</u> County				

I. 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	Address (Give address to which approved copy of this form is to be sent)	Box 1183 Houston, TX 77001
Name of Authorized Transporter of Coalinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Not Determined	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 <u>H</u> Sec. <u>26</u> Twp. <u>19S</u> Rge. <u>28E</u>	Is gas actually connected?	No

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

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		X	X					
Date Spudded 4-22-78	Date Compl. Ready to Prod. 7-24-78	Total Depth 11,375'	P.B.T.D. 9,235'					
Elevations (DF, RKB, RT, GR, etc.) 3362.8 GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 9,133'	Tubing Depth 9,026'					
Perforations 9,133' - 9,167'			Depth Casing Shoe 11,375'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	612'	700 sacks					
12-1/4"	8-5/8"	2,911'	3105 sacks					
7-7/8"	5-1/2"	11,375'	1175 sacks					

III. 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 2,299	Length of Test 24 hrs	Bbls. Condensate, M/MCF 534	Gravity of Condensate 49°
Testing Method (Spot, back pr.) Back Pr	Tubing Pressure (shut-in) 1,351	Casing Pressure (shut-in)	Choke Size 1, 18, 22, & 30/64"

IV. 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.

[Signature]
(Signature)

Region Operations Manager

(Title)

August 2, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 20 1978, 19

BY W. A. Gussert

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 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 IV for change of owner, well name or number, or transporter or other such change of conditions.