

DISTRIBUTION	
ANTARCTIC	
FILE	
U.S.S.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERORATION 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

MAR 25 1981

O. C. D.

ARTESIA, OFFICE

I.

Operator Cities Service Company /	
Address Box 1919, Midland, TX 79702	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State CZ Com	Well No. 1	Pool Name, Including Formation <del>Unit</del> N. Turkey Track Mor	Kind of Lease State, Federal or Fee	State	Lease No. B-8949
Location					
Unit Letter H ; 2180 Feet From The North Line and 960 Feet From The East					
Line of Section 4 Township 19S Range 29E , 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)					
The Permian Corp.	Box 1183, Houston, TX 77001					
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)					
Unknown						
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 4	Twp. 19S	Rge. 29E	Is gas actually connected? No	When

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'tv.	Diff. Res't
		X	X					
Date Spudded 12/16/80	Date Compl. Ready to Prod. 3/16/81	Total Depth 11,500'	P.B.T.D. 11,453'					
Elevations (DF, RKB, RT, GR, etc.) 3214.4' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,340	Tubing Depth 11,248					
Perforations 2 SPF @ 11,340, 11,341, 11,342, 11,343, 11,344 & 11,345'			Depth Casing Shoe 11,500'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17½"	13-3/8"	358'	800 Sacks					
12¼"	8-5/8"	3000'	1700 Sacks					
7-7/8"	5½"	11500'	1050 Sacks					

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)

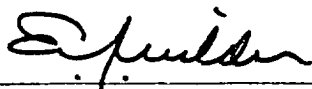
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
C.A.O.F. 8,820 MCFPD	4 hrs	.68	56.0
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 8, 9, 10, 12/64"
Back Press.	3189#		

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.



(Signature)

Region Operations Manager

(Title)

3/19/81

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 07 1981, 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.