	DISTRIBUTION	-	_		
	ANTA FE	NEW MEXICO OIL REQUEST	CONSERVATION MISSION	Supersedes Old C-104 and	
	J G.S.	AUTHORIZATION TO TR	AND RANSPORT OIL AND NATU	RAL GAS RECEIVED	
	GAS			AUG 1 1 1981	
;	OPERATOR  OPERATION OFFICE	-		75	
	Operator CITIES SERVICE	COMPANY /			
	Address	W: 17 1 m 707	00		
	P. O. Box 1919 Midland, Texas 79702  Ceason(s) for filing (Check proper box)  Other (Please explain)				
	aw We!l	Change in Transporter of:		•	
	Recompletion Change in Ownership	Oil Dry G  Casinghead Gas Conde	ensate		
	If change of ownership give name and address of previous owner				
11	I. DESCRIPTION OF WELL AND	LEASE  Well No. Pool Name, Including P	Formation   Kind o	f Lease	
	STATE DA	1 tand. Turkey T		Federal or Fee State  Lease No. B-8876	
		650 Feet From The South Li	ne and 2310 Feet	From The East	
			29Е , ммрм,	Eddy Count	
111	. DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	AS		
	Name of Authorized Transporter of Oil or Condensate X Address (Give address to which approved copy of this form is to be sent)				
	The Permian Corporation  Name of Authorized Transporter of Casinghead Gas or Dry Gas X		Box 1183 Houston, Tx. 77001  Address (Give address to which approved copy of this form is to be sent)		
	El Paso Natural Gas Co		Box 1384 Jal, N	New Mexico 88252	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.  J 3 198 29E	Is gas actually connected?	9-8-81	
IV	If this production is commingled w. COMPLETION DATA	ith that from any other lease or pool,	give commingling order number	r:	
	Designate Type of Completi	on - (X)	New Well Workover Deep	en Plug Back Same Res'v. Diff. Res	
	Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.	
	5-20-81 Elevations (DF, RKB, RT, GR, etc.)	7-30-81 Name of Producing Formation	11,525' Top Oil/Gas Pay	11,450'	
	330/1 CP	Managan	11 2061	Tubing Depth 11,294	
	Perforations 2 .48" SPF @ 1	1,396, 11,397, 11,398, 11	1,402, 11,403, 11,404	Depth Casing Shoe	
	11,405, 11,406, 11,408, 11,413, 11,414 & 11,419'  TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	17-1/2"	13-3/8" 8-5/8"	335'	550	
	7-7/8"	5-1/2"	3020' 11523'	1700 850	
		218"	11294	000	
V.	TEST DATA AND REQUEST FOR ALLOWABLE. (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 - Bbla.	Gae-MCF	
				()h' Q''	
	GAS WELL				
	Actual Frod. Test-MCF/D C.A.O.F. 22,064 MCFD	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	2 hours Tubing Pressure (Shat-in)	TSTM Casing Pressure (Shut-in)	Choke Size 6,8,9.5 &	
<b>3</b> / 7	Back Pressure	3477#		12/64"	
Vi.	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED SEP 1 6 1981 . 19		
	above is true and complete to the best of my knowledge and belief.		BY W. C. Aressett		
	• •		TITLE SUPERVIS	SOR, DISTRICT II	
	(C) I I I I		This form is to be filed in compliance with BULE 1104		

(Signature)

(Title)

(Date)

Region Operations Manager - Production

August 7, 1981

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 most in multiple.