

DISTRIBUTION			
ANTAFE		1	
ILE		1	✓
S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		1	
PRORATION OFFICE			

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

Form C-104
Supersedes Old C-104 and
Effective 1-1-65

JUN 28 1974

I. Operator
Cities Service Oil Company
Address
Box 1919 - Midland, Texas 79701
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)
O. C. C.
ARTESIA, OFFICE

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Simpson A Com.	Well No. 1	Pool Name, including Formation Wolcamp (LaHuerta) Wolfcamp	Kind of Lease State, Federal or Fee Fee	Lease No. ---
Location Unit Letter H 1980 Feet From The North Line and 810 Feet From The East Line of Section 29 Township 21S Range 27E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183 - Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1492 - El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 29	Twp. 21S	Rge. 27E	Is gas actually connected? No	When 12-21-74

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 3-16-74	Date Compl. Ready to Prod. 6-21-74		Total Depth 11,801'		P.B.T.D. 10,000'			
Elevations (DF, RKB, RT, GR, etc.) 3154' GR.	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9,007'		Tubing Depth 8,817'			
Perforations 2-0.48" holes each @ 9007', 9009', 9011', 9013', 9017', 9021', 9022', 9025', 9027', 9029' and 9031'					Depth Casing Shoe 10,028'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		120'		425 Sacks (Circulate)			
12 1/4"	9 5/8"		3100'		1330 Sacks (Circulated)			
8 3/4"	5 1/2"		10028'		550 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 6-19-74	Date of Test 6-21-74	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 7 Hrs. & 40 Min.	Tubing Pressure 1150#	Casing Pressure ---	Choke Size 23/64"
Actual Prod. During Test	Oil - Bbls. 369	Water - Bbls. Tr.	Gas - MCF 575

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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 Operation Manager

(Title)

June 25, 1974

(Date)

OIL CONSERVATION COMMISSION

DEC 30 1974

APPROVED _____, 19

BY *W. A. Gressett*
TITLE **OIL AND 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 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 pool in multiple