

DISTRIBUTION		5
AMT. FE		1
ILE		1
S.G.S.		
CAND 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

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

RECEIVED

OCT 2 1974

Operator Cities Service Oil Company		D.C.C.	
Address P. O. Box 1919 - Midland, Texas 79701		ARTESIA, OFFICE	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Government Z	Well No. 1	Pool Name, Including Formation Butter Flat Under Morrow	Kind of Lease State, Federal or Fee Fed.	Lease No. NM 8941
Location Unit Letter K; 1980 Feet From The South Line and 1980 Feet From The West Line of Section 23 Township 20S Range 28E, 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 Corporation	P. O. Box 1183 - Houston, Texas 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)	
El Paso Natural Gas Company	P. O. Box 1492 - El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 23
	Twp. 20S	Rge. 28E
	Is gas actually connected? <input checked="" type="checkbox"/> Yes When 12-16-74	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
		X	X					
Date Spudded 6-23-74	Date Compl. Ready to Prod. 9-18-74	Total Depth 11,485'	P.B.T.D. 11,440'					
Elevations (DF, RKB, RT, GR, etc.) 3238' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,313'	Tubing Depth 11,239'					
Perforations 2-0.48" Holes Each @ 11,313' - 11,314' - 11,315' - 11,316' - 11,317' - 11,318' - 11,319' and 11,320'.			Depth Casing Shoe 11,485'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	625'	625 Sacks (Circ.)					
12-1/4"	9-5/8"	3008'	1200 Sacks (Circ.)					
8-3/4"	5-1/2"	11485'	900 Sacks					
	2 7/8"	11289'						

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 C.A.O.F. 9,653	Length of Test 3 Hrs., 45 Min.	Bbls. Condensate/MMCF 3.6	Gravity of Condensate 53.4
Testing Method (pitot, back pr.) Back Press.	Tubing Pressure (Shut-in) 3460#	Casing Pressure (Shut-in) -	Choke Size 12/64", 15/64" 18/64", 21/64"

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.

E. Spiller
(Signature)
Region Operation Manager
(Title)
September 25, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 19 1974
BY W. A. Gressett, 19
OIL AND GAS INSPECTOR
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 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.