

DISTRIBUTION			
SANTA FE		1	
FILE		1	L
U.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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

NOV 15 1974

Operator Cities Service Oil Company ✓	
Address Box 1919 - Midland, Texas 79701	
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

DESCRIPTION OF WELL AND LEASE		R-4949 2-1-75	
Lease Name Government AA Com.	Well No. 1	Pool Name, including Formation North Darter Wells Undesignated Wolfcamp Gas	Kind of Lease State, Federal or Fee Fed.
Location Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West		Lease No. NM 18293	
Line of Section 23 Township 20S Range 28E		, NMPM, Eddy County	


DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	P.O. Box 1183 - Houston, Texas 77001		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	P.O. Box 1492 - El Paso, Texas 79978		
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 23	Twp. 20S
		Rge. 28E	Is gas actually connected? When No 11-9-75

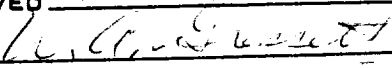
If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA		Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-13-74	Date Compl. Ready to Prod. 11-9-74	Total Depth 11,533'	P.B.T.D. 11,487'								
Elevations (DF, RKB, RT, GR, etc.) 3227' GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 9,205'	Tubing Depth 9,200'								
Perforations 2-0.49" holes each @ 9205', 9207', 9209', 9216', 9221', 9225', 9228', 9232', 9236', 9238', 9240', 9242', 9244', 9246', 9249', 9251', 9252', 9253', 9255', 9259' and TUBING, CASING, AND CEMENTING RECORD 9263'.		Depth Casing Shoe 11,533'									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT					
17-1/2"		13-3/8"		605'		625 sacks					
12-1/4"		9-5/8"		3000'		1540 sacks					
8-3/4"		5-1/2"		11533'		900 sacks					

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 11-5-74	Date of Test 11-9-74	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 4 Hrs.	Tubing Pressure 1603#	Casing Pressure ---	Choke Size 2 1/2"
Actual Prod. During Test	Oil - Bbls. 104	Water - Bbls. 35	Gas - MCF 583.2

GAS WELL		max. allowable 1500 MCF/D	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.	
	
Region Operation Manager	
(Title)	
November 11, 1974	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED FEB 24 1975	
BY 	
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 pool in multiply completed wells.	