

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISS
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

Operator Cities Service Oil Company	NOV 15 1974
Address Box 1919 - Midland, Texas 79701	
D. C. C.	
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) ARTESTA, OFFICE	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Government AA Perm.	Well No. 1	Pool Name, including Formation Undesignated Morrow	Kind of Lease State, Federal or Fee Fed.	Lease No. NM 18293
Location				
Unit Letter C	660	Feet From The North	Line and 1980	Feet From The West
Line of Section 23	Township 20S	Range 28E	, NMPM, Eddy County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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	Box 1492 - El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	
	No YES 2-19-75	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X				X	
Date Spudded 8-13-74	Date Compl. Ready to Prod. 10-30-74	Total Depth 11,533'	P.B.T.D. 11,487'					
Elevations (DF, RKB, RT, GR, etc.) 3227' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,222'	Tubing Depth 11,132'					
Perforations 2-0.41" holes each @ 11,222', 223', 224', 225', 226', 227', 228' and 11,229'			Depth Casing Shoe 11,533'					
TUBING, CASING, AND CEMENTING RECORD								
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'	1510 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)

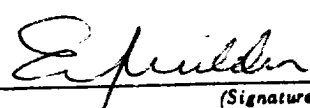
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D C.A.O.F. 2445	Length of Test 4 Hrs.	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 3045#	Casing Pressure (shut-in) ---	Choke Size 8/64", 10/64", 13/64" & 17/64"

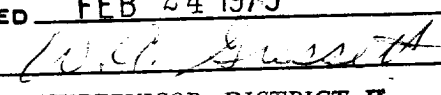
CERTIFICATE OF COMPLIANCE

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)
November 11, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 24 1975, 19

BY 
SUPERVISOR, DISTRICT II

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 multiply completed wells.