

DISTRIBUTION			
SANTA FE		1	
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	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

DEC 9 1974

Operator Cities Service Oil Company		O.C.C.	
Address Box 1919 - Midland, Texas 79701		ARTESIA, N.M.	
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"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Elizondo-Federal	Well No. 2Y	Pool Name, including Formation Undes. Llanos Morrow	Kind of Lease State, Federal or Fee Fed.	Lease No. NM 0354232
Location				
Unit Letter K	1880	Feet From The South	Line and 1780	Feet From The West
Line of Section 21	Township 21S	Range 27E	NMPM, Eddy	County

I. 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	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	Box 1192 - El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 21	Twp. 21S	Rge. 27E	Is gas actually connected? yes	When 12-21-74

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

V. 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 8-19-74	Date Compl. Ready to Prod. 11-25-74	Total Depth 11,742'		P.B.T.D. 11,705'				
Elevations (DF, RKB, RT, GR, etc.) 3192' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,446'		Tubing Depth 11,319'				
Perforations 2-0.45" holes each @ 11,446', 447', 448', 449', 474', 475', 476', 477', 478', 488', 494', 495', 496', 499', 500', 501', 666', 667', 668', 669', 671', 672',		*TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe 11,742'				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		394'		780 sacks (circulated)			
17-1/2"	13-3/8"		1654'		2675 sacks (circulated)			
12-1/4"	9-5/8"		3005'		1475 sacks (circulated)			
8-3/4"	5-1/2"		11742'		1100 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	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. 7,314	Length of Test 4 Hrs.	Bbls. Condensate/MMCF 0.8	Gravity of Condensate 50.9
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure (shut-in) 3693#	Casing Pressure (shut-in) --	Choke Size 8/64", 11/64", 14/64" & 16/64"

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.

George Davis
(Signature)

Region Petroleum Engineer

(Title)

December 5, 1974

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 30 1974

BY W. A. Gressitt

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 multiply completed wells.

673', 674', 675', 676', 677', 682', 683' and 11,684'