

DISTRIBUTION		5
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		
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

FEB 14 1975

Operator Cities Service Oil Company		O. C. C. ARTEZIA, OFFICE	
Address Box 1919 - Midland, Texas 79701			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED - 4-6-75 INFORMATION TO Rule 306 IS CONTAINED	
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			

II. DESCRIPTION OF WELL AND LEASE

Lease Name State CQ Co.	Well No. 1	Pool Name, including Formation Unders. Bone Springs	Kind of Lease State, Federal or Fee	Lease No. L-731
Location				
Unit Letter J	1980	Feet From The South	Line and 1980	Feet From The East
Line of Section 8	Township 21S	Range 27E	NMFM, - Eddy	County

III. 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)					
The Permian Corporation	P.O. Box 1183 - Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input 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 J	Sec. 8	Twp. 21S	Rge. 27E	Is gas actually connected? No	When

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'v.	Diff. Res'v.
Date Spudded 10-26-74	Date Compl. Ready to Prod. 2-8-75	Total Depth 11685'	P.B.T.D. 9160'					
Elevations (DF, RKB, RT, GR, etc.) 3255' GR	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 7097'	Tubing Depth 6957'					
Perforations 2-0.45" holes each @ 7097', 7099', 7101', 7103', 7105', 7107', 7109', 7111', 7113', 7115', 7121', 7124' and 7125'			Depth Casing Shoe 11685'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	596'	630 sacks (Circulated)					
12-1/4"	9-5/8"	3005'	1200 sacks (Circulated)					
8-3/4"	5-1/2"	11685'	1175 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)

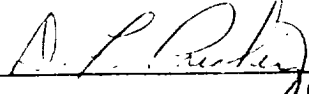
Date First New Oil Run To Tanks 2-6-75	Date of Test 2-8-75	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 5 Hrs.	Tubing Pressure 700#	Casing Pressure ---	Choke Size 20/64"
Actual Prod. During Test	Oil - Bbls. 151	Water - Bbls. 2	Gas - MCF 165.9

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)  
February 12, 1975  
(Date)

OIL CONSERVATION COMMISSION  
FEB 19 1975  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
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 multiple