

DISTRIBUTION		1	
SANTA FE		1	
FILE		1	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		2	
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

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

MAR 18 1976

I. Operator
Cities Service Oil Company ✓
Address
Box 1919 - Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Government AB	Well No. 1	Pool Name, Including Formation N. Burt. Flats - Wlfcp.	Kind of Lease State, Federal or Fee	Lease No. NM 15003
Location Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West Line of Section 11 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183 - Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1384 - Jal, New Mexico 88252					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 11	Twp. 20S	Rge. 28E	Is gas actually connected? Yes	When Feb. 25, 1976

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 Res'v.	Diff. Res'v.
		X		X		X		X
Date Spudded Respudded 1-20-76	Date Compl. Ready to Prod. 3-15-76		Total Depth 11447'			P.B.T.D. 10925'		
Elevations (DF, RKB, RT, GR, etc.) 3571' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9196'			Tubing Depth 9093'		
Perforations 2-0.41" holes each @ 9196', 9198', 9200', 9202', 9204', 9206' and 9208'						Depth Casing Shoe 11447'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8-3/4" 17 1/2"	5-7/8" 13 7/8"		11447' 590		630 1000 sacks			
12 1/4"	9 5/8"		3000		1250			
8 3/4"	5 1/2"		11447		1000			

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)

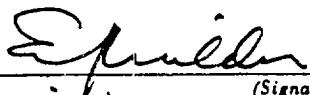
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL Maximum allowable 1500 MCF/D

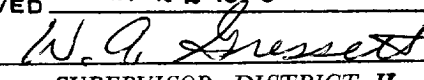
Actual Prod. Test - MCF/D C.A.O.F. 1230	Length of Test 4 hrs	Bbls. Condensate/MMCF 36.9	Gravity of Condensate 55.2°
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 2793#	Casing Pressure (Shut-in) ---	Choke Size 15/64", 13/64", 11/64" & 9/64"

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.


(Signature)
Region Operation Manager
(Title)
March 17, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 22 1976
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 multiple