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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-11
Effective 1-1-65

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APR 19 1979

Operator Cities Service Company		O.C.C. ARTESIA, OFFICE	
Address P.O. Box 1919 Midland, TX 79702			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input checked="" type="checkbox"/>
		Condensate	<input checked="" type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Government AC Com	Well No. 1	Pool Name, including Formation North Burton flats Undes. Wolfcamp	Kind of Lease State, Federal or Fee Federal	Lease No. LC-050797
Location Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line of Section 15 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"/>	Address (Give address to which approved copy of this form is to be sent) Box 1183 - Houston, TX 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) Box 1384 - Jal, NM 88252			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 15	Twp. 20S	Rge. 28E
	Is gas actually connected? Yes When 4-18-79			

If this production is commingled with that from any other lease or pool, give commingling order number: 20

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
Date Spudded 1/9/75	Date Compl. Ready to Prod. 3/8/79	Total Depth 11,520'		P.B.T.D. 10,480'					
Elevations (DF, RKB, RT, GR, etc.) 3241' GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 9113'		Tubing Depth 9,008'					
Perforations 2 0.50" holes each @ 9113, 9114, 9119, 9123, 9124, 9128, 9131, 9132, 9136, 9140, 9143, 9161, 9183, 9184, 9189, 9190, & 9194.		Depth Casing Shoe 11,519'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
17 1/2"	13-3/8"	620'		700 sx (Circulated)					
12 1/4"	9-5/8"	3000'		1550 sx (Circulated)					
8-3/4"	5 1/2"	11519'		900 sx (TC @ 8140')					

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 1.3 MMCF/D	Length of Test 8 hrs.	Bbls. Condensate/MMCF 36	Gravity of Condensate 50°
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 750#	Casing Pressure (Shut-in) -	Choke Size 1"

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.

E. Schilder
(Signature)
Region Operations Manager
(Title)
April 18, 1979
(Date)

OIL CONSERVATION COMMISSION

MAY - 2 1979

APPROVED _____, 19____
BY W. A. Gressett
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 completed wells.