

DISTRIBUTION		
ANTA FE		
ILE		
S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Form 1-64  
Supersedes Old C-104 and  
Effective 1-1-65

OCT 27 1975

Operator Cities Service Oil Company ✓		O. C. C. ARTESIA, 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:		
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 Ives A Com.	Well No. 1	Pool Name, including Formation Wildcat - Morrow	Kind of Lease State, Federal or Fee	Fee	Lease No. ---
Location Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>2190</u> Feet From The <u>East</u> Line of Section <u>30</u> Township <u>21S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> 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, 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) Box 1384 - Jal, New Mexico 88252					
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>30</u>	Twp. <u>21S</u>	Rge. <u>27E</u>	Is gas actually connected? <u>yes</u>	When <u>1-28-76</u>

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.
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 8-16-75	Date Compl. Ready to Prod. 10-2-75	Total Depth 11,571'			P.B.T.D. 11,544'				
Elevations (DF, RKB, RT, GR, etc.) 3135' DF	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,186'			Tubing Depth 11,097'				
Perforations 2-0.41" holes each @ 11,186', 11,188', 11,190', 11,192', 11,194' and 11,196'.			Depth Casing Shoe 11,571'						
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT				
17-1/2"	13-3/8"	418'			750 sacks (Circulated)				
12-1/4"	9-5/8"	3000'			1185 sacks (Circulated)				
8-3/4"	5-1/2"	11571'			1050 sacks (TC @ 8310')				

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. 36,207	Length of Test 4 hrs	Bbls. Condensate/MMCF 1.3 bbls	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (shut-in) 3750#	Casing Pressure (shut-in) ---	Choke Size 8/64", 10/64", 12/64" & 14/64"

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)  
October 24, 1975  
(Date)

OIL CONSERVATION COMMISSION

JAN 30 1976

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