or or corpe	-• ·	14	,
DISTRIBUTION			
SANTA FE		1	
FILE		1	V
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR		1	

May 9, 1977

(Date)

NEW MEXICO OIL CONSERVATION COM., SION REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-11(
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	LAND OFFICE	_				
	TRANSPORTER OIL	RECEIVED				
	GAS /	W L G -	•			
	OPERATOR /					
I.	PRORATION OFFICE	FFICE MAY 1 0 1977				
	Operator Citizen Commons					
	Cities Service Oil Company D. G. C.					
	P. O. Box 1919, Midland, Texas 79702 ARTESIA, OFFICE					
	Reason(s) for filing (Check proper box	itand, lexas 19102	101 (0)			
	ולם		Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion	OII Dry Go	=			
	Change in Ownership	Casinghead Gas Conde	nsate			
	If change of ownership give name					
	and address of previous owner					
				•		
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F				
	Tracy "E" Com.	1 Undesignated		Trans.		
		1 Ondesignated	1 Morrow State, Feder	diorree 100		
	Location	Nonth	660	West		
	Unit Letter E : 188	Feet From The North Lir	ne and Feet From	The		
	30	emehin 21S Bange	27E NMPM Eddy			
	Line of Section 30 Tox	wnship ZID Range	, NMPM, Eddy	County		
ul.	DESIGNATION OF TRANSPORT	rer of oil and natural ga	Address (Give address to which appro	wed copy of this form in the		
		or condensate (X)	Address (Give dadress to which appre	ivea copy of this form is to be sent;		
	Not Determined Name of Authorized Transporter of Case	tabad Cas []				
	1		Address (Give address to which appro- Box 1384 - Jal, New Me			
	El Paso Natural Gas Co		<u></u> ′			
	If well produces oil or liquids,	Tunit Sec. Twp. Rge.	Is gas actually connected? Wh			
	give location of tanks.		-Aryes !	3-16-11		
	If this production is commingled with	th that from any other lease or pool,	give commingling order number:			
W.	COMPLETION DATA	180 00 0 18 00 0	T			
	Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
		i_^	X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	12/4/76	4/4/77	11,550'	11,505'		
	Elevations (DF, RKB, RT, GR, etc.)	1	Top Oil/Gas Pay	Tubing Depth 11,220'		
	3119.5 GR	Morrow	10,970'			
	Perforations 2-0.48" holes (11,270', 11,273',11,27	4',41,2'((',41,4'));(9',41,4')	OWDepth Casing Shoe		
	11,309',11,348',11,354',	,11,374',11,419',11,420'	,11,425',11,430',11,432	11,548'		
				,11,155',11,156',11,181'		
	11,182' HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	20"	16"	385	500		
	14-3/4"	10-3/4"	2265'	1700		
	8-3/4"	7-5/8"	8850	860		
	8-3/1,"	5" (Liner)	8488.62' - 11,548'	440		
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	after recovery of total volume of load all and must be equal to or exceed top allow			
,	OIL WELL	II. WELL able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	te First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)		ji, •ic.)		
	Length of Test Tubing Pressure Casing Pressure Choke Size		Charle Stee			
	Length of Test	Tubing Pressure	Casing Pressure), (1)		
		Oil-Bbis.	Water-Bbls.	Gae - MCF		
	Actual Prod. During Test	OII-BBIS.	wdter - Bbis.	Gallinor		
- 1			<u> </u>			
646 W.T				- Charles		
	GAS WELL	I	International Augustines	10-11-15		
	Actual Prod. Test-MCF/D	Length of Test 4 hours	Bbls. Condensate/MMCF	Gravity of Condensate		
	C.A.O.F. 6587			Chaha 8122 0 / Ch II - 7 0 / Ch III		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 9/64", 10/64" 11/64", 12/64"		
1	Back Pressure	3673	 			
Ί.	CERTIFICATE OF COMPLIANC	CE	OIL CONSERVA	ATION COMMISSION		
· .			MAY 2	MAY 2.7 1977		
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED 11 19 19				
		By Will Dresset				
		CHIPERLICOR	SUPERVISOR, DISTRICT H			
	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep			, 51011001, 54		
				compliance with RULE 1104.		
				vable for a newly drilled or despened		
(Signature) Region Operations Manager All se			well this form must be accompa	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
			16			
			All sections of this form mu able on new and recompleted we	at be filled out completely for allow-		
	1	•	If sore on new sur racombiated we			

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.

Secreta Forms C-104 must be filed for each pool in multiply