DISTRIBUTION		<u>~</u> .	
SANTA FE	NEW MEXICO OF	NEW MEXICO OIL CONSERVATION COM JION Form C-104	
FILE	REQUE	ST FOR ALLOWABLE	Supersedes Old C-104 and Effective 1-1-65
U.S.G.S.		AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
LAND OFFICE		RANSPORT OIL AND NATUR	AL GAS
TRANSPORTER OIL GAS	RE	CEIVED	
OPERATOR			
I. PRORATION OFFICE	JI.	UN 3 1977	
Operator Cities Service Address		O. C. C.	
P. O. Box 1919.	Midland, Texas 79702	TESIA, OFFICE	• · ·
Reason(s) for filing (Check proper New Well X		Other (Please explain)	
Recompletion	Change in Transporter of:		
Change in Ownership		Gas	
If change of ownership give nam		densate	
and address of previous owner _			
I. <u>DESCRIPTION OF WELL AN</u> Lease Name	ND LEASE Well No. Pool Name, Including	Formation Kind of L	
Government "AB"		Wolfcamp, North State, Fe	Lease No
Location			
Unit Letter L; 2	105 Feet From The South L	ine and 760 Feet Fr	om TheWest
		28-E , NMPM, Edd	
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G		
		Address (Give address to which ap	proved copy of this form is to be sent)
The Permian Corpora Name of Author: zed Transporter of		Box 1183. Houston T	exac 77001
Not Determined	Casinghead Gas or Dry Gas	Address (Give address to which ap	proved copy of this form is to be sent)
	Unit Sec. Twp. Page.		
If well produces oil or liquids, give location of tanks.	L 9 205 28E	Is gas actually connected?	When
If this production is commingled	with that from any other lease or pool	No	
COMPLETION DATA	with that from any other fease of pool	, give commingling order number:	
Designate Type of Comple	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v, Diff. Res'
	Х	Х	i i i i i i i i i i i i i i i i i i i
Date Spudded 1/25/77	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, CR, etc.)	5/23/77	11,290'	10,905'
3282 71 GR	Wane of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations 2 - 0 20" hole	Wolfcamp es @ 9003',9004',9005',900	9,003'	9,725.2'
9021',9022',9023'; 2-0	0.48" holes @ 9294',9295'	06',9007',9008',9009',	Depth Casing Shoe
9301',9330',9331',9332	',9340', TUBING, CASING, AN	,9296',9297',9298',9299	2
HOLE SIZE	CASING & TUBING SIZE		9342',9343',9344'
17-1/2"	13-3/8" OD		SACKS CEMENT
12-1/4"	8-5/8" OD	600'	550
7-7/8"	5-1/2" OD	3015'	1600
		11,290'	750
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load o epth or be for full 24 hours)	il and must be equal to or exceed top allo
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	О11-Выя.	Water-Bbls.	Gas - MCF
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	
CAOF 829	1		Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	259.1 Casing Pressure (Shut-in)	53.1 Choke Size 10, 12, 14, &
Back Pressure	900		16/64''
CERTIFICATE OF COMPLIAN	CE		ATION COMMISSION
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.		APPROVED MAY 2 3 1978	
		BY By By	
		TITLE SUPERVISOR, DISTRICT IL	
Spielder			
puld	n		compliance with RULE 1104,
	ature)	well, this form must be accomp	wable for a newly drilled or deepened anied by a tabulation of the deviation
Region Operation		tests taken on the well in acco	rdance with RULE 111.
(Title)		All sections of this form must be filled out completely for allow-	

	•	
1.	1977	

June

(Date)

npletely 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.