

DISTRIBUTION			
ALBUQUERQUE		1	
EL PASO		1	/
PERMITS			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		1	
PRODUCTION 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  
Effective 1-1-65

NOV 12 1981

O. C. D.

ARTESIA, OFFICE

I.

Operator		CITIES SERVICE COMPANY /	
Address			
P. O. Box 1919 Midland, Texas 79702			
Reason(s) for filing (Check proper box)			
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>
Other (Please explain)			
If change of ownership give name and address of previous owner			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Government "AN" Com	1	Winchester Unders. Atoka	State, Federal or Fee Fed. NM	13232
Location				
Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West				
Line of Section 3 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)
Western Crude, Inc.				405 W. Indiana, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.				Box 1384, Jal, New Mexico 88252
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.
	C	3	20S	28E
Is gas actually connected?		When		
no yes		1-14-82		

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'
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
7-9-81	10-26-81	11,275'		10,865				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
3284' GR	Atoka	10,579		10,475'				
Perforations				Depth Casing Shoe				
2 SPF @ 10,579, 10,583, 10,585, 10,586, 10,592, 10,593 & 10,594'				11,275'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		425'		600			
12-1/4"	8-5/8"		2995'		1610			
7-7/8"	5-1/2"		11275'		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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
C.A.O.F. 14,300	4 hrs.	.559	-----
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 9, 10.5, 11.5, 12.5/64"
Back Pr.	3950#	-----	

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.

Elmer Startz  
(Signature)  
Region Operations Manager-Production  
(Title)  
November 10, 1981  
(Date)

OIL CONSERVATION COMMISSION

JAN 25 1982

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY W. A. Gussett  
TITLE SUPERVISOR, DISTRICT 12

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 well in multiple.