

COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
O.N.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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

Operator		JUL 19 1971	
CITIES SERVICE OIL COMPANY			
P.O. BOX 69, HOBBS, NEW MEXICO 88240			
Reason(s) for filing (Check proper box)		ARTESIAN OR 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

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
SPENCER A	1	S. CARLSBAD MORROW	State, Federal or Free FEE	--
Location				
Section 0	660	Feet From The SOUTH Line and 1980	Feet From The EAST	
Line of Section 30	Township 22S	Range 27E	NMPM, EDDY	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent.)	
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.)	
Slano Inc. NO GAS CONNECTION OR TRANSPORTER AT TIME OF THIS FILING		
If well produces oil or liquids have collection of tanks.	Unit	Sec. Twp. Rge.
		Is gas actually connected? When?
		yes 9-24-71

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	Side Branch	Drill. Restv.
		X	X					
Date Applied	Date Compl. Ready to Prod.	Total Depth	P.B.T.C.					
3-30-71	6-25-71	11820	11764					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth					
3184 GR	MORROW	11401	10465					
Perforations	1--0.21" hole each @ 11401, 11404, 11406, 11446, 11448, 11450, 11454, 11463, 11465, 11468, and 11470						Depth Casing Shoe	
11319								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	352.93	380 sacks
12 1/2"	9 5/8"	5299	1760 sacks
8 3/4"	7"	10609	380 sacks
	5"	10504-11808	78 sacks

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 *Subsided storage = 3/5*

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
A.O.F. 19.25 MM	4 hrs.	--	--
Testing Method (pitot, back priv)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
--	3812	--	8/64", 13/64", 17/64", 23/64"

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.

W. L. ROBERTSON

(Signature)

District Administrative Supervisor

(Title)

July 16, 1971

(Date)

OIL CONSERVATION COMMISSION

OCT 5 1971

APPROVED _____, 19

BY *W. A. Gressett*

TITLE *OIL AND GAS INSPECTOR*

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 multiply completed wells.