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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION FOR TRANSPORT OF OIL AND NATURAL GAS

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

FEB 6 1973

I. OPERATOR  
Operator Cities Service Oil Company  
Address Box 4906 - Midland, Texas 79701  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Spencer A</u>	Well No. <u>1</u>	Pool Name, including Formation <u>So. Carlsbad Strawn</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>0</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>30</u> Township <u>22S</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"/> <u>The Permian Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1183-Houston, Texas 77001</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Llano, Inc. (50.79365%) *Transwestern Pipe-</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1320-Hobbs, NM 88240 - Box 2525, Houston,</u>	
<u>line Co. (49.20635%)</u>	Unit <u>0</u>	Sec. <u>30</u>
If well produces oil or liquids, give location of tanks.	Twp. <u>22S</u>	Rge. <u>27E</u>
	Is gas actually connected? <u>Yes</u>	When <u>1-25-73</u> <u>*1-26-73</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.
		<u>X</u>	<u>X</u>				<u>X</u>	
Date Spudded <u>3-30-71</u>	Date Compl. Ready to Prod. <u>6-10-72</u>	Total Depth <u>11,820</u>	P.B.T.D. <u>11,764</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3184' GR</u>	Name of Producing Formation <u>Strawn</u>	Top Oil/Gas Pay <u>10,413</u>	Tubing Depth <u>10,269</u>					
Perforations <u>1 - 0.41" hole each @ 1 ft. int. from 10,413 thru 10,429</u>			Depth Casing Shoe <u>11,808</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>17-1/4"</u>	<u>13-3/8"</u>	<u>352.93</u>	<u>380 sacks</u>					
<u>12-1/4"</u>	<u>9-5/8"</u>	<u>5299</u>	<u>1760 sacks</u>					
<u>8-3/4"</u>	<u>7"</u>	<u>10609</u>	<u>380 sacks</u>					
	<u>5" liner</u>	<u>10504-11808</u>	<u>78 sacks</u>					

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 Estimated average = 315

Actual Prod. Test-MCF/D <u>5.102 MMCF</u>	Length of Test <u>30-1/2 hrs.</u>	Bbls. Condensate/MMCF <u>13.53</u>	Gravity of Condensate <u>-</u>
Testing Method (pitot, back pr.) <u>-</u>	Tubing Pressure (shut-in) <u>3133</u>	Casing Pressure (shut-in) <u>--</u>	Choke Size <u>8/64", 10/64"</u>

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.

E. J. J. J.  
(Signature)

Region Operation Manager

(Title)

January 31, 1973

(Date)

OIL CONSERVATION COMMISSION 20/64"

FEB 5 1973

APPROVED \_\_\_\_\_, 19

BY W. A. Grissett

TITLE OIL AND GAS PRODUCTION

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.