

OIL CONSERVATION COMMISSION
STATE OF NEW MEXICO
P. O. BOX 2088 - SANTA FE 87501

GAS
SUPPLEMENT
NUMBER ~~(N)~~ (SE) AR 310
DATE 12-8-75

NOTICE OF ASSIGNMENT OF ALLOWABLE TO A GAS WELL

The operator of the following well has complied with all the requirements of the Oil Conservation Commission and the well is hereby assigned an allowable as shown below.

Date of Connection 11-24-75 Date of First Allowable or Allowable Change 11-24-75
Purchaser Transwestern Pipeline Co. Pool South Carlsbad Morrow
Operator Cities Service Oil Co. Lease Tracy B Com
Well No. 1 Unit Letter I Sec. 18 Twp. 22 Range 27
Dedicated Acreage 320 Revised Acreage _____ Difference _____
Acreage Factor 1.00 Revised Acreage Factor _____ Difference _____
Deliverability _____ Revised Deliverability _____ Difference _____
A x D Factor _____ Revised A x D Factor _____ Difference _____

New Connection (N) AOF 6236 MCF

W.A. Gussett OCC District No. 2

CALCULATION OF SUPPLEMENTAL ALLOWABLE

MONTH	% OF MO.	PREV. ALLOW.	REV. ALLOW.	PREV. PROD.	REV. PROD.	REMARKS
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November	.2333	-0-	34995			
December			74000			
TOTALS						
Previous Status Adjustments						
Allowable Production Difference						
Oct. Schedule O/U Status						
Revised Oct. O/U Status						
Effective In Jan. Schedule						
Current Classification NC To N						

Note: All gas volumes are in MCF @ 15.025 psia.

JOE D. RAMEY, Secretary - Director

By

J. Kipterna

NEW MEXICO OIL CONSERVATION COM SION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED

DEC 5 1975

DISTRIBUTION		
SANTA FE	/	
FILE	/	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	/
OPERATOR		
PRORATION OFFICE	/	

I. Operator
Cities Service Oil Company ✓

Address
Box 1919 - 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)
To correct reported gas transporter and report connection date.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tracy B Com.	Well No. 1	Pool Name, Including Formation S. Carlsbad Morrow	Kind of Lease State, Federal or Fee	Lease No. ---
Location Unit Letter I ; 2045 Feet From The South Line and 479 Feet From The East Line of Section 18 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Transwestern Pipeline Co.	Box 2521 - Houston, Texas 77001	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?	When	December 1, 1975

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.


(Signature)

Region Operation Manager

(Title)

December 4, 1975

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 8 1975
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

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 multiple

DISTRIBUTION			
SANTA FE			
FILE			
U.S.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
RECEIVED

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

MAY 2 1975

I. Operator
Cities Service Oil Company
Address
Box 1919 - 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 Tracy B Com.	Well No. 1	Pool Name, Including Formation S. Carlsbad Morrow	Kind of Lease State, Federal or Fee	Fee	Lease No. ---
Location Unit Letter I ; 2045 Feet From The South Line and 479 Feet From The East Line of Section 18 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	

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.
		X	X					
Date Spudded 12-9-74	Date Compl. Ready to Prod. 4-28-75	Total Depth 11,836' MD	P.B.T.D. 11,875' MD					
Elevations (DF, RKB, RT, GR, etc.) 3108' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,597'	Tubing Depth 11,540'					
Perforations 2-0.43" holes each @ 11,597', 11,615', 11,616', 11,617', 11,671', 11,673', 11,675', 11,687', 11,692', 11,693', 11,696', 11,698' and 11,744'.		Depth Casing Shoe 11,836'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
20"	16"	342'	450 sacks (Circulated)					
11-3/4"	10-3/4"	1842.89'	1290 sacks (Circulated)					
9-1/2"	7-5/8"	8880'	970 sacks (TC @ 4540')					
6-1/2"	5" Liner	8627' - 11836'	400 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

Actual Prod. Test-MCF/D C.A.O.F. 6236	Length of Test 4 Hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate ---
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 3731#	Casing Pressure (shut-in) ---	Choke Size 9/64", 12/64", 14/64" & 18/64"

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.

ORIGINAL SIGNED
BY E. Y. WILDER

Region Operation Manager

May 1, 1975

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 8 1975
BY W. A. Grissett
TITLE SUPERVISOR, DISTRICT II

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NL. MEXICO OIL CONSERVATION COMMISSION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

RECEIVED

DEC 5 1975

AIR MAIL

O. C. C.
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE December 2, 1975 .

This is to notify the Oil Conservation Commission that connection
for the purchase of gas from the Cities Service Oil Co. . Tracy "B" Com. .
Operator Lease
Well #1-Unit Letter ^I* . 18-22S-27E . South Carlsbad . Transwestern .
Well Unit S.T.R. Pool Name of purchaser
* Unknown Eddy County (Morrow)
was made on November 24, 1975 .

Transwestern Pipeline Company



H. N. Aicklen

Representative

Supervisor Gas Purchase
Contract Administration

Title

cc: Operator
Oil Conservation Commission - Santa Fe