# DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER GAS /

## NEW MEXICO OIL CONSERVATION COM FION 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

	GAS /	RECEIVED											
OPERATOR 2													
1.	Operator	MAR 8 1976								<del></del>			
	Cities Service Oil Comp	any V											
	Address O. C. C.												
	Box 1919 - Midland, Tex Reason(s) for filing (Check proper box,		01		ARTES	Other (Please explain)							
	New Well	/ Change in Transporter of:							sate and gas transport-				
	Recompletion	OII Dry						connecti					
	Change in Ownership Casinghead Gas Conde						ensate						
	If change of ownership give name												
	and address of previous owner						<del></del>	<del></del>					
II.	DESCRIPTION OF WELL AND												
	Colonia A Com.  Well No. Pool Name, Including F  Ward. S. Carlst						had Manner Contact of the						
	Location						LOM	Sidie, rederd	orree	<u>Fee</u>	<u> </u>		
	Unit Letter K : 1650   Feet From The South   Line and   1980   Feet From The West												
	18	2	28		2	 ?7E							
	Line of Section Tow	vnship 2		F	Range 2	. ( E)	, NMPI	м, Edd <b>y</b>			County		
III.	DESIGNATION OF TRANSPORT	TER OF C	IL AN	ID NATU	RAL GA	s							
	Name of Authorized Transporter of Oil	_	or Conde	ensate X		Address (Give address to which approved copy of this form is to be sent)							
	The Permian Corporation			or Dry Ga	ve <b>T</b>	Box 1183 - Houston, Texas 77001  Address (Give address to which approved copy of this form is to be sent)							
		me of Authorized Transporter of Casinghead Gas or Dry Gas X answestern Pipeline Company				Box 2521 - Houston, Texas 77001							
	If well produces oil or liquids,	Unit	Sec.				Is gas actually connected? When						
	give location of tanks.	<u> </u>	18	225	<u> </u>	Yes		.]	March 4,	1976			
	If this production is commingled wit COMPLETION DATA	h that from	any o	ther lease	or pool,	give com	ningling orde	er number:					
- • •		(Y)	O11 W	/ell G	as Well	New Well	Workover	Deepen	Plug Back	Same Res's	v. Diff. Res'v.		
	Designate Type of Completio		1	1		T 1 D	<u></u>		i <del> </del>	L			
	Date Spudded	Date Comp	Date Compl. Ready to Prod.			Total De	ptn		P.B.T.D.	F.B.1.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducin	g Formation	n	Top Oil/Gas Pay			Tubing Depth				
	Perforations						Depth Casing Shoe						
			TUB	ING, CAS	ING, AND	D CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE			SIZE	DEPTH SET			SA	CKS CEME	ENT		
								<del> </del>		<del></del>			
						i							
V.	TEST DATA AND REQUEST FO	OR ALLO	WABL:	E (Test	must be af	ter recove	ry of total vol	ume of load oil o	ind must be eq	ual to or exc	ceed top allow-		
	Date First New Oil Run To Tanks	VIII WIJERJ						Producing Method (Flow, pump, gas lift, etc.)					
	Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure			Choke Size			
	Actual Prod. During Test	Oil-Bbis.		<del> </del>		Water - Bbls.			Gas-MCF				
	CAS WELL												
	GAS WELL Actual Prod. Test-MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF			ondensate	<del></del>		
	Testing Method (pitot, back pr.)	Tubing Pre	emed (	Shut-in )	l .	Casing P	ressure (Shui	:-in)	Choke Size				
<b>3/1</b>	CERTIFICATE OF COMPLIANCE					OIL CONSERVATION COMMISSION							
<b>V1.</b>	CERTIFICATE OF COMPLIANCE					MAR 8 1976							
	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, 19							
						BY W. U. Gressett							
						TITLE SUPERVISOR, DISTRICT IL							
						This form is to be filed in compliance with RULE 1104.							
	Efeulden					If	this is a req	uest for allow	able for a ne	wly drilled	l or deepened		
•	(Signature) Region Operation Manager					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.							
	(Title)					All sections of this form must be filled out completely for allow-							
	March 5, 1976					able on new and recompleted wells.  Fill out only Sections I. II. III. and VI for changes of owner,							
•	(Date)						well name or number, or transporter, or other such change of condition.						

## DISTRIBUTION ANTA FE FILE

### NEW MEXICO OIL CONSERVATION COM. SION REQUEST FOR ALLOWABLE AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

}	AND OFFICE RECEIVED										
-	OPERATOR GAS		DEC 5 1975								
1.	PRORATION OFFICE DECOMPOSED DECOM										
	Cities Service Oil Company  Address  ARTESIA, OFFICE										
	Address Box 1919 - Midland, Texa	as 79701	ARTESIA, UTTILE								
-	Reason(s) for filing (Check proper box)	20 1710-	Other (Please explain)								
Ì	New Well	Change in Transporter of:									
	Recompletion Change in Ownership	Oil Dry Gas  Casinghead Gas Condense	nte 🗍								
ا :	If change of ownership give name										
		PACE									
11.	DESCRIPTION OF WELL AND L Lease Name	Well No. Pool Name, including For		Kind of Lease State, Federal	or Fee Fee	Lease No.					
	Colonia A Com.	1 Lat. S. Carlsbac	d Morrow	State, rederal	Ciree FGG						
	Location Unit Letter K : 165	O Feet From The South Line	and 1980	Feet From T	he West						
	Oint Zotto.	228	<b>7</b> Е , имри	ı, Eddy		County					
	Line of Section	in the second se									
111.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate	Address (Give address	to which approv	ed copy of this form is	to be sent)					
	Name of Authorized Transporter of Cas	Inghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)								
	Jean water & Str.	Unit Sec. Twp. Rge.	Is gas actually connec	ted? Whe	n						
	If well produces oil or liquids, give location of tanks.	Ont Sec. Two	No Zici	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	If this production is commingled wit	h that from any other lease or pool, g	ive commingling orde	er number:							
IV.	COMPLETION DATA	011	New Well Workover	Deepen	Plug Back   Same R	estv. Diff. Restv.					
	Designate Type of Completio	n – (X)	X		X						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.						
	8-22-75	11-20-75 Name of Producing Formation	11790 Top Oil/Gas Pay		Tubing Depth						
	Elevations (DF, RKB, RT, GR, etc.)	Morrow	114071		11305'						
	Perforations 2-0-11" holes e	ach @ 11407', 11408', 11	436', 11438',	114411,	Depth Casing Shoe						
	11445, 11446, 11448,	11450', 11452', 11455' TUBING, CASING, AND	and 11456'		11//0						
			DEPTH :		SACKS C	EMENT					
	HOLE SIZE	13-3/8"	360	1		Circulated)					
	12-1/4"	9-5/8"	5273	1	1825 sacks (						
	8-3/4"	5-1/2"	11790	!	1100 sacks (	TC @ 8070!)					
	The same province of	OD ALLOWARIE (Test must be at	ter recovery of total vo	lume of load oil	and must be equal to	or exceed top allow-					
V	OIL WELL	2000 70 11111 011	ter recovery of total volume of load oil and must be equal to or exceed top allow- pth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, etc.)								
	Date First New Oil Run To Tanks	Date of Test	blognering Wethod It.	ow, pamp, gos	,,,,						
	Length of Test  Tubing Pressure  Actual Prod. During Test Oil-Bbls.		Casing Pressure		Choke Size  Gas - MCF						
			Water - Bbis.								
					1						
	GAS WELL		Bbis. Condensate/Mi	.C.E	Gravity of Condens	gte.					
	Actual Prod. Test-MCF/D	ctual Prod. Test-MCF/D Length of Test		ıCr							
	C.A.C.F. 2370 4 hrs  Testing Method (pitot, back pr.) Tubing Pressure (shut-in)		-0- Casing Pressure (Sh	ut-in)	Choke Size 9/64", 11/64",						
	Back pressure				13/64" and 15/64"						
VI	. CERTIFICATE OF COMPLIAN	CE	OIL	. CONSERV	ATION COMMISS	ION					
			APPROVED	1AR 8 19	76	_ , 19					
		regulations of the Oil Conservation with and that the information given	7	W. Aressett							
	above is true and complete to th	e best of my knowledge and belief.	CUPERVISOR DISTRICT II								
	_		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 deepend 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.								
	Elinkha										
	/										
	Region Operation Manag	nature) er									
		itle)									
	December 4, 1975	Dec. 1	Fill out only Sections I. II. III, and VI for changes of owner								
	- —· (E	(ate)	Senerate Forms C-104 must be filled for each cool in multiple								

#### NEW MEXICO OIL CONSERVATION COMMISSION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

RECEIVED

MAR 5 1976

AIR MAIL

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O. C. C.

NOTICE OF GAS CONNECTION

DATE March 3, 1976

This is to notify the Oil Conservation Commission that connection

for the purchase of gas from the Cities Service Oil Co. · Colonia "A" Com.

Operator

Lease

Well #1 - Unit Letter \* · 18-22S-27E · South Carlsbad \* Transwestern

Well Unit

S.T.R.

Pool

Name of purchaser

\* Unknown

Eddy County

Was made on February 26, 1976 ·

Transwestern Pipeline Company

Representative

Supervisor Gas Purchase Contract Administration
Title

cc: Operator

Oil Conservation Commission - Santa Fe