

DISTRIBUTION			
ANTAFE		/	
ILE		/	/
S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	/	
	GAS	/	
OPERATOR		/	
PERORATION 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  
Effective 1-1-65

RECEIVED

MAY 22 1981

O. C. D.

ARTESIA, OFFICE

I. Operator  
Cities Service Company  
Address  
P. O. Box 1919; Midland, TX 79702  
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 Federal "N" Com	Well No. 1	Pool Name, including Formation Undesignated Morrow	Kind of Lease State, Federal or Fed. NM	Lease No. 13984
Location Unit Letter: I, 1980 Feet From The South Line and 860 Feet From The East Line of Section 5 Township 23S Range 26E, 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"/> The Permian Corp	Address (Give address to which approved copy of this form is to be sent) Box 1183--Houston, Texas 77001			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co	Address (Give address to which approved copy of this form is to be sent) Box 1384; Jal, New Mexico 88252			
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 5	Twp. 23S	Rge. 26E
Is gas actually connected?		When		
no yes		8-6-81		

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 2-21-81	Date Compl. Ready to Prod. 5/9/81		Total Depth 11,750			P.B.T.D. 11,685'		
Elevations (DF, RKB, RT, GR, etc.) 3328.7' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 11,408			Tubing Depth 11,392'		
Perforations 2-0.46" Holes each @ 11,408, 11,409, 11,410, 11,411, 11,412 11,413, 11,414, 11,415, 11,416, 11,417, 11,418, 11,419, 11,420						Depth Casing Shoe 11,750'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
17-1/2"	13-3/8"		397'			450 SX		
12-1/4"	8-5/8"		3000'			1850 SX		
7-7/8"	5-1/2"		11,750'			1300 SX		

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. 1468	Length of Test 4 hrs	Bbls. Condensate/MMCF 8.17	Gravity of Condensate 50.5
Testing Method (pitot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 3480#	Casing Pressure (Shut-in) 1800#	Choke Size 10, 11.5, 14, & 17/64

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.



Region Operations Manager-Production

(Title)

May 20, 1981

(Date)

OIL CONSERVATION COMMISSION

AUG 10 1981

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

BY   
SUPERVISOR, DISTRICT II

TITLE \_\_\_\_\_  
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.