

DISTRIBUTION			
ANTA FE		✓	
ILE		✓	✓
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

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

RECEIVED

SEP 27 1982

O. C. D.
ARTESIA, OFFICE

Operator
Cities Service Company *Oil & Gas Corp.*

Address
P.O. Box 1919, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well

☒

Recompletion

☐

Change in Ownership

☐

Change in Transporter of:

Oil

☐

Dry Gas

☐

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 Yarbro A Com.	Well No. 1	Pool Name, including Formation <i>South Sulphur & Gulf</i> Oils-Loving Atoka	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>J</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>23S</u> Range <u>28E</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 type="checkbox"/> None	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"/> <i>El Paso Natural Gas Co.</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 1384, Jal., N.M. 88202</i> <i>88202</i> <i>5-3-81</i>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? <i>No</i>	When

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 6-9-82	Date Compl. Ready to Prod. 9-17-82		Total Depth 12,875'		P.B.T.D. 12,833'			
Elevations (DF, RKB, RT, GR, etc.) 2995 GR	Name of Producing Formation Atoka		Top Oil/Gas Pay 11,592'		Tubing Depth 11,480'			
Perforations 4 SPF @ 11,592-98'; 11,654'; 11,656-57'; 11,659-61'; 11,663-64'; 11,666-68' and 11,819-825'.					Depth Casing Shoe 12,875'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
20"	16"		381'		600 sacks			
14-3/4"	10-3/4"		2455'		1650 sacks			
9-1/2"	7-5/8"		10,640"		2445 sacks			
7-7/8"	5" liner		10,155 - 12,875'		325 sacks			

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

Time 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 CAOF 3814	Length of Test 4 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure (Shut-in) 4930 #	Casing Pressure (Shut-in)	Choke Size 6, 7.5, 9, 10.5/64

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.

Edmer Startz
(Signature)

Reg. Oper. Mgr. - Prod.

(Title)

September 23, 1982

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 0 8 1984, 19

BY *Mike Williams*

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 deviate tests taken on the well in accordance with RULE 1111.

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 own well name or number, or transporter, or other such change of cor

Separate Forms C-104 must be filed for each pool in