

DISTRIBUTION
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 S.G.S.
 LAND OFFICE
 TRANSPORTER OIL GAS
 OPERATOR
 PRORATION OFFICE
 Operator

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

Form C-10
 Supersedes Old C-104 and C
 Effective 1-1-65

71-5-561-5442

Cities Service Oil & Gas Corporation
 P. O. Box 1919, Midland, Texas 79702

Section(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)
 Ownership-name change
 Effective January 1, 1986

change of ownership give name and address of previous owner
 OXY Petroleum, Inc.

DESCRIPTION OF WELL AND LEASE

Lease Name: Jicarilla West
 Well No.: 8
 Pool Name, including Formation: Blanco Mesa Verde Gas
 Kind of Lease: State, Federal or Fee: Federal
 Lease No.:
 Location:
 Unit Letter: A
 900 Feet From The North Line and 990 Feet From The East
 Line of Section: 6
 Township: 26N
 Range: 5W
 NMPM, Rio Arriba
 County:

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒
 The Permian Corporation
 Address (Give address to which approved copy of this form is to be sent)
 P. O. Box 1183, Houston, Texas 77251
 Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
 Northwest Pipeline Corporation
 Address (Give address to which approved copy of this form is to be sent)
 P. O. Box 8900, Salt Lake City, Utah 84108
 Well produces oil or liquids, give location of tanks:
 Unit: A
 Sec.: 6
 Twp.: 26N
 Rge.: 5W
 Is gas actually connected? Yes
 When:

this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)
 Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'
 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

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)

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.
 AS WELL
 Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
 Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

FEB 05 1986
 OIL CON. DIV.
 DIST. 3

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.

Elmer Startz
 Region Operations Manager
 January 31, 1986

OIL CONSERVATION COMMISSION

APPROVED
 BY
 TITLE
 SUPERVISOR DISTRICT # 3

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 well in multiple.

DISTRIBUTION	
AP-1 FF	
IL-6	
S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

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

Form C-10
Supersedes Old C-104 and C
Effective 1-1-85

Cities Service Oil & Gas Corporation

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 ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

Ownership-name change

Effective January 31, 1986

If change of ownership give name
and address of previous owner

OXY Petroleum, Inc.

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Jicarilla West	8	Basin Dakota Gas	State, Federal or Fee Federal	

Location
Unit Letter A ; 900 Feet From The North Line and 990 Feet From The East

Line of Section 6 Township 26N Range 5W , NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒
The Permian Corporation

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1183, Houston, Texas 77251

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
Northwest Pipeline Corporation

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 8900, Salt Lake City, Utah 84108

If well produces oil or liquids,
give location of tanks. Unit A Sec. 6 Twp. 26N Rge. 5W Is gas actually connected? Yes When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res't
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Measurements (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

TEST DATA AND REQUEST FOR ALLOWABLE
IL 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

AS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Elmer Startz
(Signature)

Region Operations Manager

January 31, 1986

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT 23

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.

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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.

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