

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

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

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	Ownership-name change	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Effective January 1, 1986	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
		Condensate <input type="checkbox"/>	

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

DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla West	Well No. 9A	Pool Name, including Formation Wildcat Chacra	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter D : 1100 Feet From The North Line and 790 Feet From The West Line of Section 6 Township 26N Range 5W , NMFM, Rio Arriba County				

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 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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> 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 Sec. Twp. Rge. D 6 26N 5W	Is gas actually connected? When Yes

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'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 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-Bbls.

RECEIVED  
FEB 24 1986

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

CERTIFICATE OF COMPLIANCE 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 (Title) February 13, 1986 (Date)	OIL CONSERVATION COMMISSION FEB 24 1986 APPROVED BY SUPERVISOR DISTRICT #3 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 well in multistage.
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Form C-10  
Supersedes Old C-104 and C  
Effective 1-1-65

Operator Cities Service Oil & Gas Corporation	
Address P. O. Box 1919, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Other (Please explain) Ownership-name change Effective January 1, 1986

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

DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla West	Well No. 9A	Pool Name, including Formation Blanco Mesa Verde <u>Gas</u>	Kind of Lease State, Federal or Fee Federal	Lease No.
Location				
Unit Letter <u>D</u> ; <u>1100</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>West</u>				
Line of Section <u>6</u> Township <u>26N</u> Range <u>5W</u> , NMFM, <u>Rio Arriba</u> County				

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 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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> 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 Sec. Twp. Rge. Is gas actually connected? When <u>D</u> <u>6</u> <u>26N</u> <u>5W</u> <u>Yes</u>

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'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 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 (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 Stutz  
(Signature)  
Region Operations Manager  
(Title)  
January 31, 1986  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 05 1986  
BY Frank J. Quigley  
TITLE SUPERVISOR DISTRICT # 5

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.  
Separate Forms C-104 must be filed for each well in multiple.