

ANTAFE		
FILE		
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 1-1-65

Cities Service Oil & Gas Corporation
Address
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 ☐

Owner (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. 7A	Pool Name, Including Formation Blanco Mesa Verde Gas	Kind of Lease State, Federal or Fee Federal	Lease No.
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Location
Unit Letter **J** : 1550 Feet From The **South** Line and 1530 Feet From The **East**
Line of Section **8** Township **26N** Range **5W** NMFM, 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 ☒
El Paso Natural Gas Co.
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1492, El Paso, Texas

Well produces oil or liquids, give location of tanks.	Unit J	Sec. 8	Twp. 26N	Rge. 5W	Is gas actually connected? Yes	When
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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'ty. ☐ Diff. Res'ty.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Relevations (IDF, RKB, RT, CR, 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
II. 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.)	RECEIVED FEB 05 1986 OIL CONSERVATION COMMISSION DIST. 3
Length of Test	Tubing Pressure	Casing Pressure	
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

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
(Title)
January 31, 1986
(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 05 1986**

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.