

DISTRIBUTION			
ANTAFE			
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 1-1-65

I. Operator  
Cities Service Oil and Gas Corporation

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

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) (THIS MUST NOT BE  
FILED AGAIN 2/11/86  
**UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.**

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elkan A	Well No. 1	Pool Name, including Formation Wildcat <u>Penun</u>	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter <u>L</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u>				
Line of Section <u>25</u> Township <u>13S</u> Range <u>34E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Koch Oil Company	P.O. Box 3609 - Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None						
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>25</u>	Twp. <u>13S</u>	Rge. <u>34E</u>	Is gas actually connected? <u>No</u>	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res' <input type="checkbox"/>
Date Spudded <u>10-21-85</u>	Date Compl. Ready to Prod. <u>12-23-85</u>		Total Depth <u>10800'</u>		P.B.T.D. <u>10700'</u>			
Elevations (DF, RKB, RT, CR, etc., <u>4111' GR</u>	Name of Producing Formation <u>Bough C</u>		Top Oil/Gas Pay <u>10488'</u>		Tubing Depth <u>10557'</u>			
Perforations <u>2 SPF @ 10488, 89, 91, 93, 94, 96, 98, 99, 10501, 03, 04, 11, 12, 13, 14, 17 and 10518'. Total of 34 holes</u>					Depth Casing Shoe <u>10750'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17-1/2"</u>	<u>13-3/8"</u>		<u>378'</u>		<u>400 (Circulated)</u>			
<u>11"</u>	<u>8-5/8"</u>		<u>4300'</u>		<u>1800 (Circulated)</u>			
<u>7-7/8"</u>	<u>5-1/2"</u>		<u>10750'</u>		<u>750 (TOC @ 7942')</u>			

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)

Date First New Oil Run To Tanks <u>11-25-85</u>	Date of Test <u>12-23-85</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>135</u>	Water - Bbls. <u>22</u>	Gas - MCF <u>189</u>

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

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.

Elmer Startz  
(Signature)  
Region Operations Manager - Production  
(Title)  
December 24, 1985  
(Date)

OIL CONSERVATION COMMISSION  
**DEC 27 1985**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Eddie W. Seay  
TITLE Oil & 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 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.

RECEIVED

DEC 26 1985

G.C.D.  
HODS OFFICE