

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-105
Effective 1-1-65

DISTRIBUTION			
ANTA FE			
ILE			
S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

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:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	CABINGHEAD GAS MUST NOT BE EXCEED AFTER 4-5-86 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED
Change in Ownership	<input 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 THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name
State DX

Well No. 1

Pool Name, Including Formation
Unders. Permo Upper Penn

Kind of Lease
State, Federal or Fee State

Lease No
LG 3360

Location

Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The East

Line of Section 29 Township 14S Range 33E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Koch Oil Company

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 3609 - Midland, Texas 79702

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
None

Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.

Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
H	29	14S	33E	No	

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't.	Diff. Res't.
	X		X					
Date Spudded 12-08-86	Date Compl. Ready to Prod. 2-15-86	Total Depth 10125'	P.B.T.D. 9965'					
Elevations (DF, RKB, RT, GR, etc., 4221' GR	Name of Producing Formation Bough B	Top Oil/Gas Pay 9865'	Tubing Depth 9952'					
Perforations 2 SPF @ 9865, 66, 67, 68, 69, 70, 71, 72, 73, 89, 90, 91, 9902, 03, 04, 05, 06, 40 and 9941'. Total 38 holes			Depth Casing Shoe 10125'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		412'		400 sacks (Circulated)			
11"	8-5/8"		4199'		1600 sacks (Circulated)			
7-7/8"	5-1/2"		10125'		600 sacks (TOC @ 8000')			

V. 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)

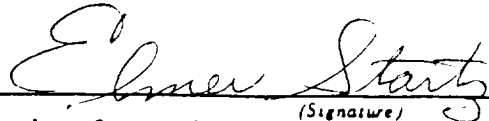
Date First New Oil Run To Tanks 2-05-86	Date of Test 2-15-86	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 309	Water - Bbls. 162	Gas - MCF 179

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.


(Signature)
Region Operations Manager - Production

February 18, 1986

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 21 1986, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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 pool in multiple.

RECEIVED
FEB 20 1986
OFFICE
HOBBS