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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND HOBBS OFFICE O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUN 2 12 50 AM '69

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator Cities Service Oil Company	
Address P. O. Box 69 - Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State BM	Well No. 1	Pool Name, Including Formation Caudill Permo Penn	Kind of Lease State, Federal or Fee State	Lease No. E-2929
Location				
Unit Letter K	1980	Feet From The West Line and 1980	Feet From The South	
Line of Section 16	Township 15S	Range 36E	NMPM, Lea	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"/> Shell Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910 - Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589 - Tulsa, Oklahoma			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 16	Twp. 15S	Rge. 36E
				Is gas actually connected? No
				When June 2, 1969

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	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
	X					X		X
Date Spudded May 12, 1969	Date Compl. Ready to Prod. May 28, 1969		Total Depth 13585		P.B.T.D. 10540			
Elevations (DF, RKB, RT, GR, etc.) 3912' DF	Name of Producing Formation Permo Penn (Hueco)		Top Oil/Gas Pay 10225-517		Tubing Depth 10346			
Perforations 10225, 10227, 10229, 10235, 10255, 10257, 10259, 10264, 10266, 10268, 10306, 10310, 10314, 10318, 10491, 10493, 10499, 10501, 10504, 10509, 10514, 10516, 10517					Depth Casing Shoe 13583			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 7/8		200'		300			
11	8 5/8		4755'		300			
7 7/8	5 1/2		13585		200			
	2 7/8		10346		-			

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 5-28-69	Date of Test 5-29-69	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure -0-	Casing Pressure -0-	Choke Size -0-
Actual Prod. During Test 99	Oil-Bbls. 74	Water-Bbls. 25	Gas-MCF 53.88 (728 GOR)

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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)

District Superintendent

(Title)

May 29, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED

JUN 3 1969

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BY

TITLE

SUPERVISOR DISTRICT I

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 multiply completed wells.