

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
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OPERATOR		
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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Cities Service Oil & Gas Corp.

Address  
P.O. Box 50250 - Midland, Texas 79710

Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wyatt A Federal	Well No. 8	Pool Name, including Formation Maljamar (G-SA)	Kind of Lease State, Federal or Fee Fed.	Lease No. LC 06231
Location Unit Letter <u>0</u> : <u>890</u> Feet From The <u>South</u> Line and <u>2150</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>17S</u> Range <u>33E</u> , 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"/> Permian	Address (Give address to which approved copy of this form is to be sent) P.O. Box 838 - Hobbs, New Mexico 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 0	Sec. 34
	Twp. 17S	Rge. 33E
	Is gas actually connected? No	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

*F. A. Vitran*

District Operations Manager - Production

January 6, 1988

OIL CONSERVATION DIVISION

APPROVED JAN 11 1988, 19  
BY Paul Kautz  
Geologist  
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 multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X			X				X
Date Spudded 11-30-87	Date Compl. Ready to Prod. 1-04-88	Total Depth 8855'				P.B.T.D. 4868'			
Elevations (DF, RKB, RT, CR, etc.) 4076'DF	Name of Producing Formation Grayburg	Top Oil/Gas Pay 4616'				Tubing Depth 4671'			
Perforations 2 SPF @ 4616, 17, 18, 19, 20, 21, 22, 23, 70, 71, 72, 73, 74, and 4675'. Total of 28 holes (0.43" dia & 15.70" pen in Berea Sd)						Depth Casing Shoe 8854'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"		11-3/4"		396'		375			
12-1/4"		8-5/8"		3059'		775			
7-7/8"		5-1/2"		8854'		1425			

#### 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 12-11-87	Date of Test 1-04-88	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. 19	Water - Bbls. 15	Gas - MCF 14

#### 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

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