

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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	CASINGHEAD GAS MUST NOT BE FLARED AFTER 2-1-88 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
<input checked="" type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

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 CL	Well No. 5	Pool Name, including Formation Maljamar (G-SA) R-8584	Kind of Lease State, Federal or Fee State	Lease No. E-2439
Location Unit Letter H, 1650 Feet From The North Line and 990 Feet From The East Line of Section 2 Township 18S Range 33E, NMPM, Lea County				

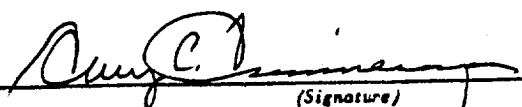
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation		Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 - Houston, Texas 77001-1183		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None (TSTM)		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 D	Sec. 2	Twp. 18S	Rge. 33E
Is gas actually connected?		When		
No (TSTM)				

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.


(Signature)
Lead Petroleum Engineer
(Title)
December 4, 1987
(Date)

OIL CONSERVATION DIVISION
APPROVED **DEC 7 1987**, 19
BY **ORIGINAL SIGNED BY JERRY SEXTON**
TITLE **DISTRICT I SUPERVISOR**

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 - Respudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
11-09-87	12-02-87		8900'			6824'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
4110' GR	Grayburg		4806'			4912'			
Perforations 2 SPF @ 4806, 07, 08, 09, 10, 11, 12, 13, 59, 60, 61, 62, 63, 64, 65 and 4866'. Total of 32 holes (0.40" dia & 10.46" pen in Berea)						Depth Casing Shoe			
						8900'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"		11-3/4"		317'		300 sacks			
11"		8-5/8"		3200'		250 sacks			
7-7/8"		5-1/2"		8900'		1650 sacks			

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		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
11-12-87		12-02-87		Pumping	
Length of Test	Tubing Pressure		Casing Pressure		Choke Size
24 hrs.					
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas - MCF
	16		8 (load)		TSTM

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test				
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)		Casing Pressure (shut-in)		Choke Size

RECEIVED
 DEC 7 1987
 OCD
 HOBBS OFFICE