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U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATION	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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"/>

ON ANY OTHER CASE, GAS MUST NOT BE
FLAMED OFFER 8/5/84
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 State DW Well No. 2 Pool Name, including Formation Undesignated (Bone Springs) Kind of Lease State, Federal or Fee State Lease No. LG 1543

Location
Unit Letter K : 1980 Feet From The South Line and 1880 Feet From The East
Line of Section 12 Township 18S 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 J Sec. 12 Twp. 18S Rge. 33E Is gas actually connected? No 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'v. <input type="checkbox"/>
Date Spudded 5-2-84	Date Compl. Ready to Prod. 6-7-84	Total Depth 9050'	P.B.T.D. 9006'					
Elevations (DF, RKB, RT, GR, etc.) 4-43' GR	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 8760'	Tubing Depth 8663'					
Perforations 2 SPF @ 8760, 8761, 8762, 8763, 8764, 8765, 8769, 8770, 8771, 8778, 8780, 8782, 8788, 8789, 8791, 8792, 8797, 8804, 8805, 8808, 8810, 8812, 8815, 8817 & 8820' TUBING, CASING, AND CEMENTING RECORD							Depth Casing Shoe 9050'	
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		362'		375			
11"	8-5/8"		3255'		850			
7-7/8"	5-1/2"		9050'		2000			

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 6-5-84	Date of Test 6-7-84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 12 hrs.	Tubing Pressure 425#	Casing Pressure Packer	Choke Size 14/64"
Actual Prod. During Test	Oil-Bbls. 247	Water-Bbls. 25	Gas-MCF 301

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 Division 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)

June 7, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 8 1984, 19

BY ORIGINAL SIGNED BY JERRY SEXION
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 deepen 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 multi-completed wells.

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