

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

Form C-104
Revised 10-1-78

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SANTA FE	
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U.S.U.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. Operator Cities Service Oil and Gas Corporation	
Address P.O. Box 1919 - Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State DW	Well No. 4	Pool Name, including Formation Mescalero Escarpe Bone Springs	Kind of Lease State, Federal or Fee State	Lease No. LG 1543
Location Unit Letter <u>F</u> ; <u>1880</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>12</u> Township <u>18S</u> Range <u>33E</u> , NMPM, <u>Lea</u> 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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528 - Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook - Odessa, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 12	Twp. 18S	Rge. 33E	Is gas actually connected? Yes	When 10-26-84

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

V. 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'tv. <input type="checkbox"/>	Diff. Res. <input type="checkbox"/>
Date Spudded 6-28-84	Date Compl. Ready to Prod. 10-26-84	Total Depth 9050'		P.B.T.D. 9001'					
Elevations (DF, RKB, RT, GR, etc.) 4105' GR	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 8635'		Tubing Depth 8641'					
Perforations 2 SPF @ 8635, 36, 37, 69, 70, 71, 78, 79, 81, 82, 87 and 8688'		Depth Casing Shoe 9050'							
2 SPF @ 8728, 29, 30, 31, 33, 34, 45, 47, 48, 49, 55, 56, 58, 59, 60, 62, 96, 97, 98, 99 and 8800'		TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
17-1/2"	13-3/8"	350'		500					
11"	8-5/8"	3275'		1500					
7-7/8"	5-1/2"	9050'		1925					

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 all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 7-27-84	Date of Test 10-26-84	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. 36	Water-Bbls. 28 (load)	Gas-MCF 44

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, 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 Stantz
(Signature)
Region Operations Manager - Production
(Title)
October 31, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV - 2 1984, 19
BY _____
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multi-completed wells.