

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR	
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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

CASINGHEAD GAS MUST NOT BE  
FLAMED AFTER 2/11/85  
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. 5	Pool Name, including Formation Undesignated Premier	Kind of Lease State, Federal or Fee State	Lease LG 154
Location Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East Line of Section 12 Township 18S Range 33E , NMPM, Lea Coun				

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
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 : Sec. : Twp. : Rge. : P : 12 : 18S : 33E
Is gas actually connected?	When No

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. Re <input type="checkbox"/>
Date Spudded 7-24-84	Date Compl. Ready to Prod. 12-27-84	Total Depth 9030'	P.B.T.D. 6764'					
Elevations (DF, RKB, RT, GR, etc.) 4089' GR	Name of Producing Formation Premier	Top Oil/Gas Pay 5091'	Tubing Depth 5211'					
Perforations 2 SPF @ 5091, 92, 93, 94, 95 and 5096' Total 12 holes (0.50" dia)			Depth Casing Shoe 9030'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		348'		500			
11"	8-5/8"		3300'		1300			
7-7/8"	5-3/2"		9030'		1335			

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

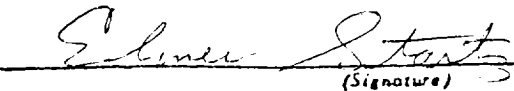
Date First New Oil Run To Tanks 11-13-84	Date of Test 12-27-84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 15	Water-Bbls. 2	Gas-MCF 5

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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.

  
(Signature)  
Region Operations Manager - Production  
(Title)  
December 28, 1984  
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN - 2 1985 , 19  
BY ORIGINAL SIGNED BY JERRY SEXTON  
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 deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of ow: well name or number, or transporter, or other such change of condit  
Separate Forms C-104 must be filled for each pool in mult completed wells.

RECEIVED

JAN - 2 1985

O.C.D.  
HOESS OFFICE