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U.S.G.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) Other (Please explain)

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"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	State DW	Well No.	8	Pool Name, including Formation	Mescalero Escarpe Bone Springs	Kind of Lease	State, Federal or Fee	State	Lease No.	LG 1543
Location										
Unit Letter	0	:	710	Feet From The	South	Line and	1830	Feet From The	East	
Line of Section	12	T. wship	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"/>	Texas-New Mexico Pipeline Co.		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	Sec.	Twp.	Rge.	Is gas actually connected? When
	J	12	18S	33E	Yes 10-20-84

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
9-11-84	10-20-84		9080'		9040'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
4096' GR	Bone Springs		8805'		8708'			
Perforations 2 SPF @ 8805, 06, 11, 17, 18, 25, 31, 33, 39, 40, 45, 52, 58, 59, 61, 65 and 8866'. Total 34 holes (0.50" dia & 14.86" pen).					Depth Casing Shoe			
					9072'			
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"		3140'		1300			
7-7/8"	5-1/2"		9072'		2550			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10-19-84	10-20-84	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
8 hrs.	420#	packer	24/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	235	5 (load)	257

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 Stutz
(Signature)

Region Operations Manager - Production

October 22, 1984

(Date)

OIL CONSERVATION DIVISION

OCT 24 1984

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY BEAMAN
DISTRICT 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 deviat 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 own well name or number, or transporter, or other such change of condit

Separate Forms C-104 must be filed for each pool in multi recompleted wells.

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OCT 29 1981

S.C.R.
HOBBS OFFICE