

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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U.S.O.S.	
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TRANSPORTER	OIL
	GAS
OPERATOR	

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 ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State DW	Well No. 9	Pool Name, Including Formation Mescalero Escarpe Bone Springs	Kind of Lease State, Federal or Fee State	Lease No. LG 1543
Location Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West 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 <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 11-23-84

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 <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 <input type="checkbox"/>
Date Spudded 10-14-84	Date Compl. Ready to Prod. 11-23-84		Total Depth 9050'		P.B.T.D. 8999'			
Elevations (DF, RKB, RT, GR, etc.) 4027' GR	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 8662'		Tubing Depth 8553'			
Perforations 2 SPF @ 8662, 63, 71, 73, 77, 80, 94, 95, 8701, 09, 11, 17, 20 & 8721'					Depth Casing Shoe 9048'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		344'		500			
11"	8-5/8"		3141'		1300			
7-7/8"	5-1/2"		9048'		1615			

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 11-17-84	Date of Test 11-23-84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 12 hrs.	Tubing Pressure 100#	Casing Pressure Packer	Choke Size 1"
Actual Prod. During Test	Oil-Bbls. 238	Water-Bbls. 2 (load)	Gas-MCF 225

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, 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 S. Smith  
(Signature)  
Region Operations Manager - Production  
(Title)  
November 27, 1984  
(Date)

OIL CONSERVATION DIVISION  
NOV 29 1984

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY JERRY SEKTON  
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 deviate 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 condition.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.

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