

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. PERMITTING OFFICE	
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State DW	Well No. 10	Pool Name, Including Formation Mescalero Escarpe Bone Springs	Kind of Lease State, Federal or Fee	State	Lease No. LG 1543
Location					
Unit Letter N	990	Feet From The South	Line and 2130	Feet From The West	
Line of Section 12	T. or 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipeline Company	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"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Company	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 12-16-84

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 11-12-84	Date Compl. Ready to Prod. 12-16-84	Total Depth 9097'	P.B.T.D. 9047'					
Elevations (DF, RKB, RT, GR, etc.) 4031' GR	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 8708'	Tubing Depth 8580'					
Perforations 2 SPF @ 8708, 09, 10, 17, 20, 21, 25, 29, 35, 37, 43, 46, 48, 52, 55, 58 and 8761' Total 34 holes (0.50"dia & 14.8" pen)			Depth Casing Shoe 9097'					
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"	3150	1300					
7-7/8"	5-1/2"	9097'	1245					

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)

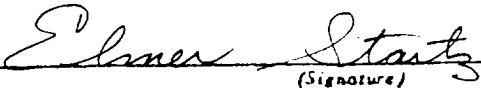
Date First New Oil Run To Tanks 12-13-84	Date of Test 12-16-84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 20 hrs.	Tubing Pressure 40#	Casing Pressure Packer	Choke Size 1"
Actual Prod. During Test	Oil-Bbls. 254	Water-Bbls. 2	Gas-MCF 388

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.


(Signature)

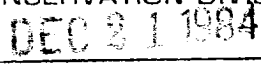
Region Operations Manager - Production

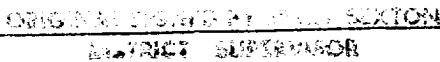
(Title)

December 19, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED  19

BY  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 deepen 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 allowable 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-recompleted wells.