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U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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"/>	As shown to be casinghead gas from this well must be obtained from the General Management Service. <i>BPM</i>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Federal AD	Well No. 1	Pool Name, Including Formation Undesignated Queen	Kind of Lease State, Federal or Fee Fed.	Lease No. NM 55149
Location Unit Letter <u>C</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>9</u> Township <u>18S</u> Range <u>33E</u> , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3609 - Midland, Texas 79702					
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 C	Sec. 9	Twp. 18S	Rge. 33E	Is gas actually connected? No	When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-01-85	Date Compl. Ready to Prod. 7-22-85	Total Depth 4310'	P.B.T.D. 4256'					
Elevations (DF, RKB, RT, GR, etc.) 3965' GR	Name of Producing Formation Queen	Top Oil/Gas Pay 4206'	Tubing Depth 4099'					
Perforations 4 SPF @ 4206, 07, 08, 14, 15, 16, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, and 4232' Total 72 holes (0.45" dia & 14.70" pen)							Depth Casing Shoe 4310'	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		369'		350			
7-7/8"	5-1/2"		4310'		1150			

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 7-16-85	Date of Test 7-22-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 25#	Casing Pressure Packer	Choke Size 1"
Actual Prod. During Test	Oil-Bbls. 589	Water-Bbls. 83 (load)	Gas-MCF 68

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (purge, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Ray C. Zimmerman
(Signature)
Region Petroleum Engineer
(Title)
July 24, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 26 1985, 19_____
ORIGINAL FILED IN _____
BY _____
OIL & GAS INSPECTOR
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation 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 owner, 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.