

NO. OF TUBES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.B.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PROMOTION OFFICE	

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"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) Change in casinghead gas from oil to gas to be shipped from the Minerals Management Service <i>BLM</i>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

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

DESCRIPTION OF WELL AND LEASE			
Lease Name Federal AB	Well No. 2	Pool Name, including Formation Mescalero Escarpe Bone Springs	Kind of Lease State, Federal or Fee Federal
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>		Lease No. NM 26884	
Line of Section <u>11</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"/>	Address (Give address to which approved copy of this form is to be sent)		
Koch Oil Company	P.O. Box 3609 - Midland, Texas 79702		
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 Co.	4001 Penbrook - Odessa, Texas 79762		
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 11	Twp. 18S
	Rge. 33E	Is gas actually connected? <u>No</u> 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	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded 6-12-85	Date Compl. Ready to Prod. 7-16-85		Total Depth 8863'		P.B.T.D. 8827'				
Elevations (DF, RKB, RT, GR, etc.) 4015' GR	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 8649'		Tubing Depth 8548'				
Perforations 2 SPF @ 8649, 51, 53, 55, 57, 59, 63, 64, 66, 70, 72, 74, 78, 82, 87, 89, 94, 95, 8700, 03, 19, 23, 28, 33, 36, 43, 49, 56, & 8765'. Total					Depth Casing Shoe 8900'				
holes(0.43" dia & 14.7" pen) 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"		8900'		1500			

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 7-13-85	Date of Test 7-16-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 18 hrs.	Tubing Pressure 600#	Casing Pressure	Choke Size 22/64"
Actual Prod. During Test	Oil-Bbls. 240	Water-Bbls. ---	Gas-MCF 470

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

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.

E. L. Mer *Startz*
(Signature)
Region Operations Manager - Production
(Title)
July 18, 1985
(Date)

OIL CONSERVATION DIVISION
SEP - 9 1985

APPROVED _____, 19____

BY *ORIGINAL SIGNED BY JERRY SEXTON*
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 deepened well, this form must be accompanied by a tabulation of the deviated 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.

RECEIVED

SEP -6 1985

6000
HOBBS CIRCLE