

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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| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

| | | |
|--|---|---|
| Operator Cities Service Oil and Gas Corporation | | |
| Address P.O. Box 1919 - Midland, Texas 79702 | | |
| Reason(s) for filing (Check proper box) | Change in Transporter of: | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Oil <input type="checkbox"/> | Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service. <i>BSM</i> |
| Recompletion <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | Dry 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 AE | Well No. 3 | Pool Name, including Formation Corbin Queen | Kind of Lease State, Federal or Fee Fed. LC | Lease No. 029489-B |
| Location Unit Letter <u>M</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>4</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 type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | |
| None | | | | |
| If well produces oil or liquids, give location of tanks. | Unit N | Sec. 4 | Twp. 18S | Rge. 33E |
| | Is gas actually connected? | | When | |
| | No | | | |

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 <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'v. <input type="checkbox"/> | |
| Date Spudded 10-11-85 | Date Compl. Ready to Prod. 11-18-85 | Total Depth 4325' | | P.B.T.D. 4279' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3994' GR | Name of Producing Formation Queen | Top Oil/Gas Pay 4243' | | Tubing Depth 4239' | | | | | |
| Perforations 4 SPF @ 4243, 45, 46 and 4247'. Total 16 holes (0.49" dia & 12.6" pen) | | | | | | | Depth Casing Shoe 4325' | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | | |
| 12-1/4" | 8-5/8" | | 378' | | 250 | | | | |
| 7-7/8" | 5-1/2" | | 4325' | | 1300 | | | | |

| | | | |
|--|--------------------------|--|--------------|
| 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 10-30-85 | Date of Test 11-18-85 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hrs. | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. 8 | Water-Bbls. 42 | Gas-MCF 1 |

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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 |

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.

Darryl C. Zimmerman
(Signature)
Region Petroleum Engineer
(Title)
November 21, 1985
(Date)

OIL CONSERVATION DIVISION
NOV 25 1985

APPROVED _____, 19____
Eddie W. Seay
Oil & Gas Inspector

BY _____
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 multiple completed wells.

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