Region Operations Manager - Production (Title) December 26, 1985		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow able 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. Sectors Forms C-104 must be filed for each cool in multiply		
C	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED ULU A U 1985 , 19	
I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION DEC 3 0 1985		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
(	GAS WELL			
		44	3	26
	24 hrs. Actual Prod. During Test	I UDING Pressure	Vater-Bbis.	
	Date First New Cil Run To Tanks 11-07-85 Length of Test	Date of Test 12-23-85 Tubing Pressure	Producing Method (Flow, pump, gas Pumping Casing Pressure	Chaxe Size
•	TEST DATA AND REQUEST FO		l fter recovery of total volume of load o pth or be for full 24 hours)	oil and must be equal to or exceed top allo
	7-7/8"	5-1/2"	3150' 8883'	1300 (Circulated) 1515 (TOC @ 3200')
F	17-1/2"	<u>13-3/8"</u> 8-5/8"	356'	500 (Circulated)
ŀ	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
-	2 SPF @ 8671, 72, 73, 74, 75, 76 and 8677'. Total of 14 holes. TUBING, CASING, AND CEMENTING RECORD			
ļ	3997 GR	Bone Springs	8671'	8669 1 Depth Casing Shoe
+	10-04-85 Elevations (DF, RKB, RT, GR, etc.,	12-23-85 Name of Producing Formation	8885' Top Oil/Gas Pay	8682 1 Tubing Depth
$\left  \right $	Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.
<b>۷</b> . (	COMPLETION DATA Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'
I	f this production is commingled wit	th that from any other lease or pool,		12-23-85
	If well produces oil or liquids, give location of tarks.	Unii Sec. Twp. Ege. H 11 18S 33E		When
F	Name of Authorized Transporter of Cas Phillips Petroleum Comp		Address (Give address to which ap 4001 Penbrook - Odes	proved copy of this form is to be sent)
	Name of Authorized Transporter of Oil Koch Oil Company		Address (Give address to which ap P.O. Box 3609 - Midl	proved copy of this form is to be sent) and, Texas 79702
1. ]	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	.s	
	Unit Letter J ; 198	30 Feet From The South Lin Vinship 785 Range	and <u>1980</u> Feet Fro 33E , NMPM, Le	a County
	Federal AB	3 Mescalero Esca	arpe (Bone Springs), Fod	
I. 1	DESCRIPTION OF WELL AND Lease Name	LEASE Well No.; Pool Name, Including F	crmation   Kind of Le	ease Lease Nc
I	f change of ownership give name and address of previous owner	<del></del>		
	Recompletion	Change in Transporter of: Oil Dry Ga Casinghead Gas Conder		
1	P.O. Box 1919 - Midland Recson(s) for filing (Check proper box New We!!	)	Other (Please explain)	
ŀ	Cities Service Oil and Gas Corporation			
<b>ı</b> .	PRORATION OFFICE	1		
	TRANSPORTER OIL GAS			
Ļ	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURA	LGAS
ł	ILE .S.G.S.	-	FOR ALLOWABLE AND	Supersedes Old C-104 and C Effective 1-1-65
┠			CONSERVATION COMMIS	Form C-10+

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