

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF APPLICANTS	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
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)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service. <i>RJM</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 _____ THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. *Central Corbin Queen RS104* 1-1-86

DESCRIPTION OF WELL AND LEASE		Lease Name Federal AE		Well No. 5	Pool Name, Including Formation <i>Central Corbin Queen</i> Undesignated Queen	Kind of Lease State, Federal or Fee Fed. LC	Lease No. 029489-B
Location Unit Letter <i>K</i> ; 1980 Feet From The <i>South</i> Line and 1980 Feet From The <i>West</i> Line of Section <i>4</i> Township <i>18S</i> Range <i>33E</i> , NMPM, <i>Lea</i> 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 N	Sec. 4	Twp. 18S
		Rge. 33E	Is gas actually connected? 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X				X					
Date Spudded 10-18-85	Date Compl. Ready to Prod. 11-05-85	Total Depth 4280'		P.B.T.D. 4235'							
Elevations (DF, RKB, RT, CR, etc.) 4002' GR	Name of Producing Formation Queen	Top Oil/Gas Pay 4174'		Tubing Depth 4211'							
Perforations 4 SPF @ 4174, 75, 76, 77, 78, 79 and 4180'. Total 28 holes				Depth Casing Shoe 4280'							
TUBING, CASING, AND CEMENTING RECORD											
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT					
12-1/4"		8-5/8"		383'		300 sacks					
7-7/8"		5-1/2"		4280'		1150 sacks					

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 10-31-85	Date of Test 11-05-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 70#	Casing Pressure Mud Anchor	Choke Size 24/64"
Actual Prod. During Test	Oil-Bbls. 155	Water-Bbls. 15 (load)	Gas-MCF 18.9

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	OIL CONSERVATION DIVISION
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.	APPROVED <i>NOV 14 1985</i> , 19
<i>Elmer Startz</i> (Signature) Region Operations Manager - Production (Title) November 6, 1985 (Date)	BY <i>ORIGINAL SIGNED BY JERRY SEXTON</i> 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 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.

RECEIVED

NOV 7 - 1985

O.C.D.
HOBBS OFFICE