

DISTRIBUTION			
ANTA FE			
FILE			
S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-10  
Supersedes Old C-104 and C  
Effective 1-1-65

1. 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:	Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service.	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of ownership give name and address of previous owner			

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal AE	Well No. 6	Pool Name, including Formation Central Corbin Queen	Kind of Lease State, Federal or Fee Fed. LC	Lease No. 029489-B
Location Unit Letter J ; 1980 Feet From The South Line and 2067 Feet From The East Line of Section 4 Township 18S Range 33E , NMPM, Lea County				

III. 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? No	When

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

IV. 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't.	Diff. Res't
Date Spudded 12-05-85	Date Compl. Ready to Prod. 1-09-86	Total Depth 4300'	P.B.T.D. 4253'					
Elevations (DF, RKB, RT, GR, etc., 4002' GR	Name of Producing Formation Queen	Top Oil/Gas Pay 4184'	Tubing Depth 4232'					
Perforations 4 SPF @ 4184, 85, 86, 91, 92, 4206, 07, 08, 09, 12, 13, 14, and 4215'. Total of 52 holes (0.45' dia & 14.70" pen in Berea)			Depth Casing Shoe 4300'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		356'		300 (Circulated)			
7-7/8"	5-1/2"		4300'		1650 (Circulated)			

V. 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 12-23-85	Date of Test 1-09-86	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. 49	Water - Bbls. 18 (load)	Gas - MCF 23

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

VI. CERTIFICATE OF COMPLIANCE

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.

OIL CONSERVATION COMMISSION

JAN 16 1986

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I 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 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 conditior.

Separate Forms C-104 must be filed for each well in multipl-



Region Operations Manager - Production

January 10, 1986

RECEIVED  
JAN 15 1986  
C.C.D.  
HOBBS OFFICE