

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-104
Supersedes Old C-104 and C-105
Effective 1-1-65

I. Operator
Cities Service Oil & Gas Corp.
Address
P. O. Box 50250, Midland, TX 79710
Reason(s) for filing (Check proper box)
New Well ☒ Re-entry Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Approval to flare casinghead gas from this well must be obtained from the DISTRICT SUPERVISOR (BLM)
If change of ownership give name and address of previous owner
Conoco, Inc., P. O. Box 460, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE
THIS WELL HAS BEEN PLACED IN THE PUBLIC DOMAIN. IF YOU DO NOT CONCUR, NOTIFY THIS OFFICE.
Lease Name
Federal AG
Well No. 1
Pool Name, including Formation
Unders. Central Corbin Queen
Kind of Lease
State, Federal or Fee
Federal
Lease No.
NM26884-A
Location
Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East
Line of Section 8 Township 18S Range 33E, NMPLM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Koch Oil Company
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 3609, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
NA
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 A Sec. 8 Twp. 18S Rge. 33E
Is gas actually connected? When

IV. COMPLETION DATA
If this production is commingled with that from any other lease or pool, give commingling order number:
Designate Type of Completion - (X)
Oil Well ☒ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Rest'v. ☐ Diff. Res'v. ☐
Date Re-Spudded
11-29-87
Total Depth
9000'
Elevations (DF, RKB, RT, GR, etc.)
3984 GR
Name of Producing Formation
Corbin Queen
Top Oil/Gas Pay
4218'
Tubing Depth
4297'
Perforations
4218'-4248'
Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
17 1/2" 13-3/8" 450' 400
11" 8-5/8" 4330' 1600
7-7/8" 5-1/2" 6750' 250

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
11-23-87
Date of Test
11-29-87
Producing Method (Flow, pump, gas lift, etc.)
Pumping - 2"x1 1/2"x20' BHP
Length of Test
24 Hours
Tubing Pressure
Casing Pressure
Choke Size
Actual Prod. During Test
Oil-Bbls.
5
Water-Bbls.
146 (Load)
Gas-MCF
TSTM

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.
F.A. Vitano
(Signature)
District Operations Manager - Production
(Title)
12-2-87
(Date)
OIL CONSERVATION COMMISSION
APPROVED DEC 4 1987, 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 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.