DISTRIBUTION ANTA FE ILE I.S.G.S.	REQUEST	CONSERVATION COMM IN FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-10+ Supersedes Old C-104 and C Elioctive 1-1-65
IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator			
Cities Service Oil and	I Gas Corporation		
P.O. Box 1919 - Midlar Recson(s) for filing (Check proper bo	nd, Texas 79702		· · ·
New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry G	Other (Please explain) To report casin and connection	ghead gas transporter date
If change of ownership give name and address of previous owner			
I. DESCRIPTION OF WELL AND			· · · · · · · · · · · · · · · · · · ·
Federal AE	Well No. Pool Name, Including F 8 Central Corbi	i i i i i i i i i i i i i i i i i i i	Ledse NC
Unit Letter F ; 19	80_Feet From The North Lit	ne and <u>1930</u> Feet From	<sub>The</sub> West
1	ownship 185 Range	33E , NMFM, Lea	County
. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	45	County
Name of Authorized Transporter of O. Koch Oil Company	II X or Conder.sate	Address (Give address to which approv P.O. Box 3609 - Midla	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas CONOCO, Inc.		Address (Give address to which approved copy of this form is to be sent) P.O. Bo; 460 - Hobbs, New Mexico 88240	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.	Is gas actually connected?	en
If this production is commingled w	ith that from any other lease or pool,		1-24-86
Designate Type of Completi		New Well Workover Deepen	Plug Back Same Resty. Diff. Rest
Date Spudded	Date Compl. Fleady to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, ANI	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST F		1	· · · · · · · · · · · · · · · · · · ·
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be a) OIL WELL able for this de Date First New Cil Run To Tanks Date of Test		fter recovery of total volume of load oil and must be equal to or exceed top allo pth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choce Size
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gae-MCF
l		<u> </u>	1
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Concenente
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIAN	CE		TION COMMISSION
I have by cartify that the sules and	moulations of the Oil Community		1986, 19
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.		BY Eddie W. Seay	
		TITLE Oil & Gas inspector This form is to be filed in compliance with RULE 1104.	
Chner Starts		If this is a request for allow-	able for a newly drilled or deepene
Region Operations Manager - Production		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 allow able on new and recompleted wells.	
February 20, 1986			III, and VI for changes of owner er, or other such change of condition
		Il Sanarata Enome C.104 must	ha filed for each and in multipli-

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