

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-10a and C
 Effective 1-1-65

I. Operator
 Cities Service Oil and Gas Corporation

Address
 P.O. Box 1919 - Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service <i>BLM</i>
Change in Ownership <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
	Casinghead Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE *Central*

Lease Name Federal AE	Well No. 8	Pool Name, including Formation Corbin Queen	Kind of Lease State, Federal or Fee Fed. LC	Lease No. 029489-B
Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1930</u> Feet From The <u>West</u>				
Line of Section <u>4</u> Township <u>18S</u> Range <u>33E</u> , 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"/> 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 <u>N</u> Sec. <u>4</u> Twp. <u>18S</u> Rge. <u>33E</u>	Is gas actually connected? <u>No</u> 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'v.	Diff. Res'
Date Spudded 12-15-85	Date Compl. Ready to Prod. 1-09-86	Total Depth 4275'	P.B.T.D. 4222'					
Elevations (DF, RKB, RT, GR, etc.) 4013' GR	Name of Producing Formation Queen	Top Oil/Gas Pay 4151'	Tubing Depth 4160'					
Perforations 4 SPF @ 4151, 52, 53, 61, 62, 71, 72, 73, 75, 76, and 4177'. Total of 44 holes (0.45" dia & 14.70" pen in Berea)	Depth Casing Shoe 4266'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-7/4"	8-5/8"	350'	300 sacks (Circulated)					
7-7/8"	5-1/2"	4266'	1350 sacks (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 12-30-85	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. 81	Water - Bbls. 26 (load)	Gas - MCF 14

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.

Elmer Startz
 (Signature)
 Region Operations Manager - Production
 (Title)
 January 10, 1986
 (Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 16 1986, 19

BY ORIGINAL SIGNED BY JERRY BEXTON
 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 conditio.
 Separate Forms C-10A must be filed for each pool to multitenit.

RECEIVED
JAN 15 1986
O.C.
HOBBS CENTER