

DISTRIBUTION			
ANTAFE			
ILE			
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

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:
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal AD	Well No. 3	Pool Name, including Formation Central Corbin Queen	Kind of Lease State, Federal or Fee Fed. NM	Lease No. 55149
Location				
Unit Letter F	1980	Feet From The North	Line and 1980	Feet From The West
Line of Section 9	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"/> 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460 - Hobbs, New Mexico 88240	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 11
	Twp. 18S	Rge. 33E
	Is gas actually connected? Yes	When 1-21-86

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 12-23-85	Date Compl. Ready to Prod. 1-21-86	Total Depth 4320'	P.B.T.D. 4276'					
Elevations (DF, RKB, RT, GR, etc.) 3947' GR	Name of Producing Formation Queen	Top Oil/Gas Pay 4245'	Tubing Depth 4217'					
Perforations 4 SPF @ 4245, 46, 47, 48, 49, 50, 51, 52, and 4253'. Total of 36 holes	Depth Casing Shoe 4319'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	362'	300 (Circulated)					
7-7/8"	5-1/2"	4319'	1450 (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)

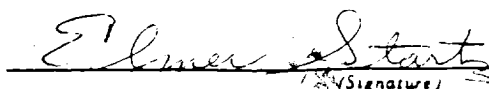
Date First New Oil Run To Tanks 1-04-86	Date of Test 1-21-86	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 98	Water - Bbls. 12 (load)	Gas - MCF 11

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.


(Signature)
Region Operations Manager - Production
(Title)
January 28, 1986
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 30 1986, 19
BY Eddie W. Sedy
Oil & Gas Inspector
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.

RECEIVED

JAN 29 1986

C.C.D.
HOBBS OFFICE