

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

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

Operator
Cities Service Oil & Gas Corp.

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

Reason(s) for filing (Check proper box)

New Well ☒

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal AB	Well No. 5	Pool Name, including Formation Mescalero Escarpe (Bone Springs)	Kind of Lease State, Federal or Fee Fed. NM	Lease No. 26884
Location Unit Letter <u>G</u> ; <u>1855</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>11</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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company <i>66 Natl. Gas</i>	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook - Odessa, Texas 79762			
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 11	Twp. 18S	Rge. 33E
	Is gas actually connected?		When	
	yes		9-04-86	

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7-23-86	Date Compl. Ready to Prod. 9-04-86		Total Depth 8850'		P.B.T.D. 8801'			
Elevations (DF, RKB, RT, GR, etc.) 4012' GR	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 8634		Tubing Depth 8533'			
Perforations 2 SPF @ 8634, 35, 38, 41, 45, 50, 54, 57, 64, 68, 71, 74, 78, 91, 93, 97, 8701, 06, 09, 11, 15, 19, 23, 25, 31, 34, and 8737'					Depth Casing Shoe 8848'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		376'		300			
11"	8-5/8"		3165'		1300			
7-7/8"	5-1/2"		8848'		1515			

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 8-21-86	Date of Test 9-04-86	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 280#	Casing Pressure Packer	Choke Size 18/64"
Actual Prod. During Test	Oil - Bbls. 278	Water - Bbls. 5	Gas - MCF 366

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

September 5, 1986

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 10 1986, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT 1 SUPERVISOR

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 well in multiple.