

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		
ANTAFE		
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	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
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"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal AA	Well No. 3	Pool Name, including Formation Central Corbin Queen	Kind of Lease State, Federal or Fee Fed	Lease No. LC-029489-A
Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East 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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528 - Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input 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 B Sec. 9 Twp. 18S Rge. 33E	Is gas actually connected? When Yes 9-13-86

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 8-19-86	Date Compl. Ready to Prod. 9-13-86	Total Depth 4350'	P.B.T.D. 4314'					
Elevations (DF, RKB, RT, GR, etc.) 3966' GR	Name of Producing Formation Queen	Top Oil/Gas Pay 4236'	Tubing Depth 4156'					
Perforations 4 SPF @ 4236, 37, 44, 45, 46, 53, 54, 55, 56, 58, 60 and 4262'			Depth Casing Shoe 4350'					
Total of 48 holes (0.45" dia & 14.7" pen)								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	360'	400 (Circulated)					
7-7/8"	5-1/2"	4350'	1400 (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)

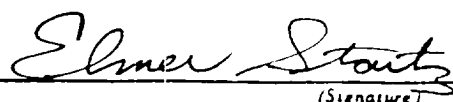
Date First New Oil Run To Tanks 9-12-86	Date of Test 9-13-86	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 20#	Casing Pressure Packer	Choke Size 1"
Actual Prod. During Test	Oil - Bbls. 322	Water - Bbls. 55 (load)	Gas - MCF 48

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.



Region Operations Manager - Production

(Title)

September 15, 1986

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 17 1986, 19

BY

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 well in multiple.

RECEIVED
SEP 16 1986
FBI
HOLMES OFFICE