

DISTRIBUTION			
ANTA FE			
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

I. 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"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry 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 AB	Well No. 6	Pool Name, Including Formation Mescalero Escarpe Springs	Kind of Lease State, Federal or Fee Fed NM	Lease No 26884
Location Unit Letter B ; 710 Feet From The North Line and 1980 Feet From The East Line of Section 11 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"/> Phillips 66 Natural Gas Company	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? Yes	When 12-18-86

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded 10-18-86	Date Compl. Ready to Prod. 12-18-86	Total Depth 8812'	P.B.T.D. 8765'					
Elevations (DF, RKB, RT, GR, etc.) 4038'GR	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 8591'	Tubing Depth 8709'					
Perforations 2 SPF @ 8591', 92, 98, 8601, 02, 06, 14, 18, 19, 22, 31, 33, 34, 40 & 8641'. Total of 30 holes (0.45" dia & 14.70" pen in Berea).			Depth Casing Shoe 8808'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		373'		500 (Circulated)			
11"	8-5/8"		3156'		1300 (Circulated)			
7-7/8"	5-1/2"		8808'		1515 (TOC @ 3425')			

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 11-20-86	Date of Test 12-18-86	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. 34	Water-Bbls. -0-	Gas-MCF 48

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plots, 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)  
December 19, 1986  
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 24 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 deviated 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.