	DISTRIBUTION			· · · · · · · ·
	ILE	REQUE	ON Form C+10+ Supersedes Old C+104 and C	
	AND OFFICE	AND Effective 1-1-65		
	IRANSPORTER OIL		AND NAT	URAL GAS
	GAS			
1.	PRORATION OFFICE			
	Cities Service Oil & Gas Corp.			
	P.O. Box 1919 - Midland, Texas 79702 Recson(s) for filing (Check proper box)			
	New Well X Recompletion	Change in Transporter of:	Other (Please expl	ain)
	Change in Ownership		Gas	
	If change of ownership give name and address of previous owner		ndensate	
	DESCRIPTION OF WELL AND) LEASE		
	Federal AE	Well No. Pool Name, Includin	Formation Kind	of Lease Lease No
ſ	Location	7 Central Cor	DIN UUEEN State	P. Federal or Fee Fed. LC-029489-B
	Unit Letter P ; 66	50 Feet From The South	Line and 990 Fee	et From TheEast
L	Line of Section 4 To	ownship 18S Range	33Е , ммрм,	Lea County
III. I	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL	GAS	
	Koch Oil Company		Address (Give address to which D. O. Roy, 2600	h approved copy of this form is to be sent)
	Name of Authorized Transporter of Ca Conoco, Inc.	asinghead Gas 🔀 or Dry Gas 🦲	Address (Give address to which	Midland, Texas 79702 h approved copy of this form is to be sent)
Γ	If well produces oil or liquids.	Unit Sec. Twp. Ege.	P.O. Box 460 - H	obbs, New Mexico 88240
<u>ب</u>	give location of tanks.	<u>N</u> 4 18S 33E	Yes	
IV. C	COMPLETION DATA	ith that from any other lease or poo	1, give commingling order numb	er:
	Designate Type of Completion		New Well Workover Dee	pen Plug Back Same Res'v. Diff. Res'
	11-06-86	Date Compl. Ready to Prod. 12-01-86	Total Depth	P.B.T.D.
E	levations (DF, RKB, RT, CR, etc., 4003 ' GR	Name of Producing Formation	4530' Top Oil/Gas Pay	4478'
· F	Perforations 4 SPE @ 4203	Queen 04, 05, 11, 12, 13, 14	<u>4203'</u>	4115'
	lotal of 40 holes (0.45	<u>J ula a 22.5 pen in ce</u>	ement).	Depth Casing Shoe 4523'
	HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	
-	2-1/4" -7/8"	8-5/8"	396 '	SACKS CEMENT 300 (Circulated)
		5-1/2"	4523'	1400 (Circulated)
V. T	EST DATA AND REQUEST FO			·
	II. WELL ate First New Oll Run To Tanks	Date of Teat		ad oil and must be equal to or exceed top allo
. [1	1-22-86	12-01-86	Producing Method (Flow, pump, Pumping	gas lift, etc.)
	ength of Test 4 hrs.	Tubing Pressure	Casing Pressure	Choke Size
A	ctual Prod. During Test	Oil-Bhis.	Water-Bbis.	Gas - MCF
I		84	13 (load)	12
	AS WELL ciual Prod. Test-MCF/D			
	eiual Proa. 1981-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
T	esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. CE	CRTIFICATE OF COMPLIANC	E	OIL CONSE	RVATION COMMISSION
I h	ereby certify that the rules and re	gulations of the Oil Conservation	APPROVED DEC5 1986 . 19	
		th and that the information given best of my knowledge and belief.		
	•		TITLE DISTRICT I S	
	Elmen S	tat	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	
 Po	(Sugar)	we) 3		
Region Operations Manager - Production (Tule) December 2, 1986			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	
		·	HOME I .IfM	the free and seal is multipled



