

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

NEW MEXICO OIL CONSERVATION COMM. ON
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 & 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:
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 AE	Well No. 9	Pool Name, including Formation Central Corbin Queen	Kind of Lease State, Federal or Fee Fed.	Lease No. LQ-029489-B
Location				
Unit Letter C	660	Feet From The North	Line and 1980	Feet From The West
Line of Section 4	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 N	Sec. 4	Twp. 18S	Rge. 33E	Is gas actually connected? Yes	When 11-25-86

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 C	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded 10-28-86	Date Compl. Ready to Prod. 11-25-86		Total Depth 4450'		P.B.T.D. 4412'			
Elevations (DF, RKB, RT, GR, etc., 4029'GR	Name of Producing Formation Queen		Top Oil/Gas Pay 4152'		Tubing Depth 4231'			
Perforations 4 SPD @ 4152, 53, 54, 55, 56, 63, 64, 65, and 4166'. Total of 36 holes (0.45" dia & 14.7"pen).					Depth Casing Shoe 4450'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		391'		300 sacks (Circulated)			
7-7/8"	5-1/2"		4450'		1400 sacks (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)

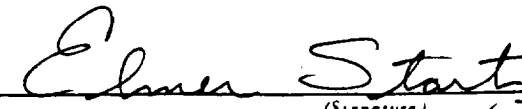
Date First New Oil Run To Tanks 11-12-86	Date of Test 11-25-86	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 19	Water - Bbls. 12 (load)	Gas - MCF 6

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)
November 26, 1986
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 1 1986, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

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 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 well name or number, or transporter, or other such change of conditor.
Separate Forms C-104 must be filed for each pool in multistat.