

| | | | |
|------------------|-----|--|--|
| 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-104
Supersedes Old C-104 and C-105
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"/> | Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM) |
| 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 _____

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. R-8409 4-1-87

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--------------------------|----------------|--|---|--------------------------|
| Lease Name Federal AE | Well No. 12 | Pool Name, Including Formation Central Corbin Queen | Kind of Lease State, Federal or Fee Fed. | Lease No. LC-029489-B |
|--------------------------|----------------|--|---|--------------------------|

Location

Unit Letter E ; 1980 Feet From The North Line and 560 Feet From The West

Line of Section 3 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"/> None | Address (Give address to which approved copy of this form is to be sent) |

| | | | | | | |
|--|-----------|-----------|-------------|-------------|----------------------------------|------|
| If well produces oil or liquids, give location of tanks. | Unit N | Sec. 4 | Twp. 18S | Rge. 33E | Is gas actually connected? No | When |
|--|-----------|-----------|-------------|-------------|----------------------------------|------|

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res't. | Diff. Res't. |
| | X | | X | | | | | |

| | | | |
|---|---------------------------------------|--------------------------|----------------------------|
| Date Spudded 11-28-86 | Date Compl. Ready to Prod. 1-07-87 | Total Depth 4300' | P.B.T.D. 4260' |
| Elevations (DF, RKB, RT, GR, etc.) 4025' GR | Name of Producing Formation Queen | Top Oil/Gas Pay 4211' | Tubing Depth 4218' |
| Perforations 4 SPF @ 4211, 12, 13, 14 and 4215'. Total of 20 holes (0.45" dia.). | | | Depth Casing Shoe 4300' |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|-------------------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12-1/4" | 8-5/8" | 372' | 300 sacks (Circulated) |
| 7-7/8" | 5-1/2" | 4300' | 1500 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 12-18-86 | Date of Test 1-07-87 | 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. 10 | Water - Bbls. 9 (load) | Gas - MCF TSTM |

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
(Title)
January 9, 1987
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 12 1987, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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 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 pool in multiple.

RECEIVED
JAN 12 1987
OCD
HOURS OFFICE