

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROMOTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Cities Service Oil & Gas Corp.

Address
P.O. Box 1919 - Midland, Texas 79702

Reason(s) for filing (Check proper box) Other (Please explain)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> 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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal AB	Well No. 7	Pool Name, including Formation (Bone Springs) Mescalero Escarpe	Kind of Lease State, Federal or Fee Fed.	Lease No. NM 26884
Location				
Unit Letter 0 : 990 Feet From The South 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 5-07-87	

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

F. A. Vitrano
(Signature)
District Operations Manager - Production
(Title)
May 8, 1987
(Date)

OIL CONSERVATION DIVISION
APPROVED MAY 11 1987, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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 pool in multiphase completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re.
Date Spudded 4-15-87	Date Compl. Ready to Prod. 5-07-87		Total Depth 8950'		P.B.T.D. 8898'				
Elevations (DF, RKB, RT, GR, etc.) 3988' GR	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 8692'		Tubing Depth 8593'				
Perforations 2SPF @ 8692, 93, 94, 95, 96, 97, 98, 99, 8700, 01, 02, 03, 07, 09, 13, 14, 15, 18, 19, 20, 23, 24, 25, 27, 28, 29, 32, 35, 36, 37, 38, 39, 44, 45, 46, 51, 53, 54, and		TUBING, CASING, AND CEMENTING RECORD		8755', Total 78 holes					
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		350'		300 (Circulated)				
11"	8-5/8"		3170'		1300 (Circulated)				
7-7/8"	5-1/2"		8950'		1500 (TOC @ 3210')				

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 5-06-87		Date of Test 5-07-87	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 100#	Casing Pressure Packer	Choke Size 36/64"	
Actual Prod. During Test	Oil - Bbls. 395	Water - Bbls. 6 (load)	Gas - MCF 558	

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

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