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| DISTRIBUTION | | | |
| ANTAFE | | | |
| FILE | | | |
| 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 and Gas Corporation
Address
P.O. Box 1919 - Midland, Texas 79702
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | | |
|---|---------------|--|--|-----|--------------------|
| Lessee Name Owen A | Well No. 8 | Pool Name, Including Formation Drinkard | Kind of Lease State, Federal or Fee | Fee | Lease No. ----- |
| Location Unit Letter <u>I</u> ; <u>1830</u> Feet From The <u>South</u> Line and <u>710</u> Feet From The <u>East</u> Line of Section <u>35</u> Township <u>21S</u> Range <u>37E</u> , NMPM, <u>Lea</u> 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Company <u>Leyaco Prod. Inc.</u> | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1137 - Eunice, New Mexico 88231 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit 0 | Sec. 35 | Twp. 21S | Rge. 37E | Is gas actually connected? Yes | When 1-19-86 |

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 | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res' |
| Date Spudded 12-02-85 | Date Compl. Ready to Prod. 1-19-86 | | Total Depth 7825' | | P.B.T.D. 7311' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3370' GR | Name of Producing Formation Drinkard | | Top Oil/Gas Pay 6573' | | Tubing Depth 6536' | | | |
| Perforations 2 SPF @ 6473, 75, 79, 81, 85, 6502, 03, 09, 17, 19, 21, 23, 25, 27, 29, 31, 33, and 6539'. Total of 36 holes | | | | | Depth Casing Shoe 7824' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17-1/2" | 13-3/8" (Conductor) | | 30' | | 3 yards Redimix | | | |
| 12-1/4" | 9-5/8" | | 1119' | | 550 sacks | | | |
| 8-3/4" | 7" | | 7824' | | 2650 sacks | | | |

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 12-11-85 | Date of Test 1-19-86 | 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. 8 | Water - Bbls. 3 (load) | Gas - MCF 10 |

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 Stutz
(Signature)
Region Operations Manager - Production
(Title)
January 30, 1986
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 18 1986, 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 multi-