

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

DISTRIBUTION		
ANTAF E		
ILE		
S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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 ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐
Casinghead Gas ☐

Dry Gas ☐
Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 5-1-84
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Byers B	Well No. 2	Pool Name, including Formation Nadine, Drinkard, West	Kind of Lease State, Federal or Fee	Lease No. ---
Location Unit Letter <u>G</u> ; <u>2080</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>7</u> Township <u>20S</u> Range <u>38E</u> , NMFM, <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"/> Citgo Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3758 - Tulsa, Oklahoma 74102					
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 G	Sec. 7	Twp. 20S	Rge. 38E	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded 12-8-83	Date Compl. Ready to Prod. 3-2-84	Total Depth 7100'	P.B.T.D. 6952'					
Elevations (OF, RKB, RT, GR, etc.), 3563' GR	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6870'	Tubing Depth 6797'					
Perforations 1 SPF @ 6870, 71, 99, 6900, 10, 15, 16 and 6917'			Depth Casing Shoe 7100'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1552'		800 sacks			
7-7/8"	5-1/2"		7100'		2200 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 1-6-84	Date of Test 3-2-84	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. 17	Gas-MCF 17

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.

Edna Stantz
(Signature)
Region Operations Manager - Production
(Title)

March 5, 1984
(Date)

OIL CONSERVATION COMMISSION

MAR 8 1984

APPROVED _____, 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 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 well in multiple.

RECEIVED

MAR 7 1984

O.C.D.
HOBBS OFFICE