

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-70

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
Operator Cities Service Oil and Gas Corporation	
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 Byers B	Well No. 5	Pool Name, including Formation Nadine Drinkard, West	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter <u>L</u> ; <u>2160</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u>				
Line of Section <u>7</u> Township <u>20S</u> Range <u>38E</u> , NMPM, Lea Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Koch Oil Company of Texas, Inc.	P.O. Box 3609 - Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Company	4001 Penbrook - Odessa, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 7	Twp. 20S	Rge. 38E	Is gas actually connected? Yes	When 8-17-85

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6-05-85	Date Compl. Ready to Prod. 8-17-85	Total Depth 7500'		P.B.T.D. 7430'					
Elevations (DF, RKB, RT, GR, etc.) 3557' GR	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6809'		Tubing Depth 6876'					
Perforations 2 SPF @ 6809, 15, 16, 21, 43, 48, 51, 56, 60 and 6861'. Total 20 holes (0.40" dia & 19.5" pen)		Depth Casing Shoe 7480'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		1510'		800				
7-7/8"	5-1/2"		7480'		1225				

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)

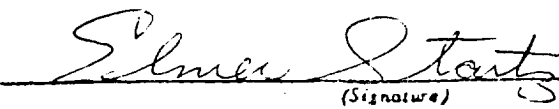
Date First New Oil Run To Tanks 7-16-85	Date of Test 8-17-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 43	Water-Bbls. 91	Gas-MCF 312

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 Division 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)

August 19, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 21 1985, 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 all wells 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 conditions.
Separate Form C-104 must be filled for each pool in multi-completed wells.

RECEIVED
AUG 20 1985
O.C.D.
HOBBS OFFICE