

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  
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 <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Other (Please explain)	
Casinghead Gas MUST NOT BE RELEASED 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 Felton	Well No. 3	Pool Name, Including Formation Eumont Y-7 Rvs-Queen	Kind of Lease State, Federal or Fee Fee	Lease No. ---
Location				
Unit Letter F	1775	Feet From The North	Line and 1770	Feet From The West
Line of Section 28	Township 21S	Range 36E	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"/> 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 F	Sec. 28	Twp. 21S	Rge. 36E	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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 8-18-83	Date Compl. Ready to Prod. 9-9-83	Total Depth 4004'	P.B.T.D. 3996'					
Elevations (DF, R&B, RT, GR, etc.) 3604' GR	Name of Producing Formation Queen	Top Oil/Gas Pay 3823'	Tubing Depth 3730'					
Perforations 4 SPF @ 3823 - 28 - 30 - 35 - 42 - 50 - 54 - 64 - 80 - 95 - 3904 - 13 - 25 - 44 - 48 - 62 & 3975' (0.40" dia 23" pen) Total 68 holes		Depth Casing Shoe 4004'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		355'		225 sacks			
7-7/8"	5-1/2"		4004'		1175 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 9-1-83	Date of Test 9-9-83	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 40#	Casing Pressure Packer	Choke Size 1"
Actual Prod. During Test	Oil-Bbls. 75	Water-Bbls. -0-	Gas-MCF 195

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)  
September 23, 1983  
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 29 1983, 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 deviate 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.

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