. 07 607.65		1	
DISTRIBUTIO			
ANTA FE _	\sqcap		
ILE			
.s.g.s.	i		
LAND OFFICE		_	
TRANSPORTER	OIL		
	GAS		
OPERATOR			

NEW MEXICO OIL CONSERVATION COMB...SION REQUEST FOR ALLOWABLE

Form C-104

	ILE	REQUES	I FOR ALLOWABLE	Supersedes Old C-104 and C Effective 1-1-65		
	.S.G.S.	ALITHORIZATION TO TO	AND RANSPORT OIL AND NATURAL			
	LAND OFFICE	- ACTIONIZATION TO TR	CANSPORT OIL AND NATURAL	GAS		
•	TRANSPORTER OIL					
	GAS					
	OPERATOR					
I.	PRORATION OFFICE		-	_		
	Operator					
	Cities Service Oil and	Gas Corporation				
	¥	1				
_	P.O. Box 1919 - Midlar Reason(s) for filing (Check proper bo	nd, Texas 79702				
_			Other (Please explain)			
	New Well X	Change in Transporter of:		is must not be		
	Change in Ownership	Oil Dry C	,			
	Change In Ownership	Casinghead Gas Cond		EPTION TO R-4070		
	If change of ownership give name		15 OBTAINED.			
	and address of previous owner					
Ħ	DESCRIPTION OF HELL AND					
41,	DESCRIPTION OF WELL AND	Well No. Pool Name, Including	E			
	Thomas A	,				
	Location	- Imigite racci	LX / Rvs Queen State, Fede	ral or Fee Fee		
	Unit Letter 0 99	0 South	1000			
	;;;	OFeet From The South_L	ine and 1880 Feet From	The East		
	Line of Section 19	ownship 24S Range	37E , NMPM, I ea			
	\	Z-D Italige	3/E , NMPM, Lea	County		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	48			
	Name of Authorized Transporter of Oi	1 X or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)		
	Citgo Petroleum Corpor		P.O. Box 272 - Odess	a, Texas 79760		
	Name of Authorized Transporter of Co	singhead Gas or Dry Gas		oved copy of this form is to be sent)		
	None			* *		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? W	hen		
	give location of tanks.	0 19 24S 37E	No			
	If this production is commingled w	ith that from any other lease or pool,	give committee and			
IV.	COMPLETION DATA		give comminging order number:			
	Designate Type of Completi	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'		
	<u> </u>	; A !	X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	12-16-83	1-13-84	3691'	3646'		
	Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	Tubing Depth		
	3272' GR	7 Rivers Queen	3463'	3359'		
	2 SPF @ 3463,	94, 97, 3510, 14, 31, 3	7, 61, 67, 71, 77, 3600	Depth Casing Shoe		
	05 & 3624		7, 12, 7, 3000	<u>' 3691 ' </u>		
		TOBING, CASING, AN	D CEMENTING RECORD			
	HOLE SIZE 11-1/4"	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	7-7/8"	8-5/8''	457'	285		
	7-7/0	5-1/2''	3691'	860		
•,						
٧.	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)					
i	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas i	16		
	1-5-84	1-13-84	1	ist, etc.)		
	Length of Test	Tubing Pressure	Pumping Casing Pressure	T.Chay-Si-		
	24 hrs.		Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Ggs - MCF		
		146	5(load)	282		
•			J (10ad)	202		
	GAS WELL					
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
				Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
				552		
VI.	CERTIFICATE OF COMPLIAN	CF	OU CONSERV	7.01.00.00.0		
			OIL CONSERVA	A TION COMMISSION		
1	hereby certify that the rules and a	egulations of the Oil Conservation	APPROVED JAN Z	OIL CONSERVATION COMMISSION JAN 2 4 1984		
- (Commission have been complied v	ith and that the information given				
	above is true and complete to the best of my knowledge and belief. Signature:		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 deepene well, this form must be accompanied by a tabulation of the deviation			
•						
-						
	Region Operations Manag	er - Production	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 allow			
-	(Tie					
	January 20, 1984	·-·	able on new and recompleted w	able on new and recompleted wells.		
-	(Da	(e)	Fill out only Sections I, I	I, III, and VI for changes of owner ten or other such change of condition		
	150	,	11	ten or other such change of condition • he filed for each need to multiple		