

5  
DISTRIBUTION  
ANTA FE 1  
ILE 1 ✓  
S.D.G.  
LAND OFFICE  
TRANSPORTER 1  
GAS 1  
OPERATOR 1  
PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-1174  
Supersedes O-1174 and  
Effective 1-1-77

RECEIVED

SEP 26 1979

O. C. C.  
ARTESIA, OFFICE

I. OPERATOR  
Coquina Oil Corporation  
Address  
P. O. Drawer 2860, Midland, Texas 79702  
Reasons for filing (check appropriate)  
New Well ☐ Change in Transporter ☐  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Gasstream Gas ☐ Condensate ☒  
Effective 10/1/79  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Pan Canadian  
Well No. 1  
Location Cemetery-Morrow  
Kind of Lease State, Federal, or Fee Federal  
Lease 1  
Location  
Unit Letter F 1980 Feet From The North Line and 1980 Feet From The West  
Line of Section 34 Township 19-S Range 25-E NMPM Eddy Coun

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☒  
Navajo Crude Oil Purchasing Company  
Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 159 Artesia, New Mexico 88210  
Name of Authorized Transporter of Gasstream Gas ☐ or Dry Gas ☒  
Natural Gas Pipeline Company  
Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 283 Houston, Texas 77001  
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When  
F 34 19-S 25-E Yes 6/4/75

IV. COMPLETION DATA  
If this production is commingled with that from any other lease or pool, give commingling order number:  
Designate Type of Completion - (X)  
Oil Well ☒ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Restv. Diff. Re  
Date Spudded Date Comp. Ready to Prod. Total Depth P.S.T.D.  
Elevations (DF, RAB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Perforations Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  
(Test must be after recovery of total volume of loss oil and must be equal to or exceed top of able for this depth or be for full 24 hours)  
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)  
Length of Test Tubing Pressure Casing Pressure Choke Size  
Actual Prod. During Test Oil+Boils. Water+Boils. Gas+MCF

GAS WELL  
Actual Prod. Test+MCF/D Length of Test Boils. Condensate/MMCF Gravity of Condensate  
Testing Method (pilot, back ph) 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.  
Signature  
Vice President  
September 24, 1979  
Date

OIL CONSERVATION COMMISSION  
SEP 28 1979  
APPROVED BY  
W. A. Gussitt  
TITLE SUPERVISOR, DISTRICT II  
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 device 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 well name or number, or transporter, or other such change of conditions.  
Separate Forms O-1104 must be filed for each pool in multi-

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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
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AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and  
Effective 1-1-65

RECEIVED

JUL 24 1978

O. C. C.  
ARTEBIA, OFFICE

I. Operator  
Coquina Oil Corporation ✓  
Address  
P. O. Drawer 2960, Midland, Texas 79702

Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter ☐  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒  
Other (Please explain)  
Effective 8-1-78

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pan Canadian	Well No. 1	Pool Name, Including Formation Cemetery - Morrow (Gas)	Kind of Lease State, Federal or Fee Federal	Lease No. NM 0504364
Location Unit Letter F 1980 Feet From The North Line and 1980 Feet From The West Line of Section 34 Township 19-S Range 25-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Basin, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2297, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Natural Gas Pipeline Co. of Am.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 283 - Houston, TX. 77001					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 34	Twp. 19	Rge. 25	Is gas actually connected? YES	When 10-1-77

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 Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Re	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations				Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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.

J. B. Taylor (J. B. Taylor)  
(Signature)  
Vice President  
(Title)  
July 21, 1978  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 25 1978  
BY W. A. Gressett  
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviated 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 ownership, well name or number, or transporter, or other such change of conditions.  
Separate Forms C-104 must be filed for each pool in multi-