

DISTRIBUTION	5
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	X
PRORATION OFFICE	

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

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

I.

Operator	Coquina Oil Corporation
Address	P.O. Drawer 2960 Midland, Texas 79702
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well	Change in Transporter of:
Recompletion	Oil
Change in Ownership	Gas
	Effective 11/1/79

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Boyd X Com	Well No.	1	Boyd Morrow (Gas)	Kind of Lease	State, Federal or Free	State	Lease No.	E-10167
Location	Unit Letter	A	990	Feet From The	North	and	990	Feet From The	East
Line of Section	16	Township	19-S	Range	25-E	N.M.P.M.	Eddy	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	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 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. 16	19-S 25-E	Is it actually connected?	yes	When	7/3/75

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 Res.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Lay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
20 3/8 19 5/8								

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 (pitot, 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.

(Signature)

Vice President

(Title)

October 18, 1979

(Date)

OIL CONSERVATION COMMISSION

OCT 31 1979

APPROVED

BY

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 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 Form O-104 must be filed for each pool in multiple