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	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION (Form C-104)
 Santa Fe, New Mexico Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

OFFICE O. C. C.
 New Well
 Re-completion
 Aug 6 2 45 PM '64

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Abilene, Texas August 1, 1964

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: **COASTAL STATES GAS PRODUCING COMPANY - GONSALES FEDERAL**, Well No. **1-29**, in **NW** **NE** $\frac{1}{4}$ $\frac{1}{4}$, (Company or Operator) **B**, Sec. **29**, T. **9-S**, R. **33-E**, NMPM, **Undesignated** Pool

Unit Letter **Lea**

Please indicate location:

D	C	B	A
		X	
E	F	G	H
L	K	J	I
M	N	O	P

County. Date Spudded **7-17-64** Date Drilling Completed **7-23-64**
 Elevation **4334 GR** Total Depth **4470'** PBD
 Top Oil/Gas Pay **4430'** Name of Prod. Form. **San Andres**

PRODUCING INTERVAL - 4430-37'
 Perforations
 Open Hole Depth **4430'**
 Casing Shoe Depth
 Tubing

OIL WELL TEST -
 Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____
 Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **108** bbls. oil, **-0-** bbls water in **24** hrs, **0** min. Choke Size _____

GAS WELL TEST -
 Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____
 Method of Testing (pitot, back pressure, etc.): _____
 Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____
 Choke Size _____ Method of Testing: _____

(FOOTAGE)
 Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	260'	200
4-1/2	4468'	300
2-3/8	4430'	---

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **1000 Galis BDA**

Casing Press. _____ Tubing Press. _____ Date first new oil run to tanks **August 1, 1964**

Oil Transporter **McWood Corporation**

Gas Transporter _____

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.
 Approved: _____, 19____
COASTAL STATES GAS PRODUCING COMPANY

OIL CONSERVATION COMMISSION
 By: _____
 Title _____

By: **Joe P. Howard**
 (Signature)
Production Superintendent
 Title _____
 Send Communications regarding well to:
Coastal States Gas Producing Co.
 Name _____
 Address **P. O. Box 385, Abilene, Texas**