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	GAS	
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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-110
Effective 1-1-65

Operator Coastal States Gas Producing Company	
Address P. O. Box 235, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner **NA**

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "4"	Well No. 1	Pool Name, including Formation Undesignated	Kind of Lease State, Federal or Fee State	Lease No. L-434
Location San Andres R. 3530				
Unit Letter B	519	Feet From The North	Line and 1839	Feet From The East
Line of Section 4	Township 10S	Range 33E	, NMPM, Lea County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Permian Corp.	Box 3119, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
None	---	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 4
	Twp. 10S	Rge. 33E
	Is gas actually connected? No	
	When ---	

If this production is commingled with that from any other lease or pool, give commingling order number: **NA**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8/15/67	Date Compl. Ready to Prod. 9/2/68		Total Depth 4569'		P.B.T.D. 4565'			
Elevations (DF, RKB, RT, GR, etc.) 4272.1 GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 4541'		Tubing Depth 4438'			
Perforations 4541-50' and 4558-65'					Depth Casing Shoe 4569'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" Casing		287'		200 sxs Class A			
7-7/8"	4-1/2" Casing		4569'		250 sxs Class C			
4-1/2"	2-3/8" Tubing		4438'		Tubing Anchor			

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 9/2/68	Date of Test 9/6/68	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24-Hours	Tubing Pressure ---	Casing Pressure ---	Choke Size Open
Actual Prod. During Test 74	Oil-Bbls. 59	Water-Bbls. 15	Gas-MCF Nil

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)

Division Production Superintendent
(Title)

September 10, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

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 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 Forms C-104 must be filed for each pool in multiply completed wells.