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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

**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-11
Effective 1-1-65

I. OPERATOR
Operator
Coastal States Gas Producing Company
Address
P. O. Box 235, Midland, Texas 79701

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)
 This is a request for allowable for a newly drilled well. The well is not yet producing and does not conform to the requirements of Rule 111. NOT BY THIS OFFICE.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gonsales Federal "31" well	Well No. 1	Pool Name, including Formation Unders. Flying "M" (SA)	Kind of Lease State, Federal or Fee Federal	Lease No. NM 14204
Location Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>31</u> Township <u>9-South</u> Range <u>33-East</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas 75221
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit <u>J</u> Sec. <u>31</u> Twp. <u>9-S</u> Rge. <u>33-E</u>	Is gas actually connected? <u>No</u> 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 checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>12/8/71</u>	Date Compl. Ready to Prod. <u>12/29/71</u>	Total Depth <u>4320'</u>	P.B.T.D. <u>-0-</u>					
Elevations (DF, RKB, RT, CR, etc.) <u>4237' GR</u>	Name of Producing Formation	Top Oil/Gas Pay <u>4214'</u>	Tubing Depth <u>4265'</u>					
Perforations <u>4214-54', 4274-80'</u>						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8"	364'	250 SXS.
7-7/8"	4-1/2"	4320'	200 SXS.
4-1/2"	2-3/8"	4265'	

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 <u>12/29/71</u>	Date of Test <u>1/4/71</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>-0-</u>	Casing Pressure <u>-0-</u>	Choke Size <u>2"</u>
Actual Prod. During Test <u>133</u>	Oil-Bbls. <u>133</u>	Water-Bbls. <u>7</u>	Gas-MCF <u>TSTM</u>

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 Manager
(Title)

OIL CONSERVATION COMMISSION
APPROVED JAN 12 1972, 19____
BY Joe R. Howard
TITLE SUPERVISOR DISTRICT I

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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO. **MM 14204**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO. **Gonzales Federal "31"**

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA **Under Flying "31" (3A)**

12. COUNTY OR PARISH **Lea** 13. STATE **New Mexico**

14. PERMIT NO. DATE ISSUED **12/1/71**

15. DATE SPUDDED **12/18/71** 16. DATE T.D. REACHED 17. DATE COMPL. (Ready to prod.) **12/29/71** 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* **4237' GR** 19. ELEV. CASINGHEAD **4237' GR**

20. TOTAL DEPTH, MD & TVD **4320'** 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY **→** ROTARY TOOLS **0-4320'** CABLE TOOLS **0-**

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* **4214-54' & 4274-80'** 25. WAS DIRECTIONAL SURVEY MADE **Yes**

26. TYPE ELECTRIC AND OTHER LOGS RUN **GR-Neutron** 27. WAS WELL CORED **Yes**

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24#	364'	11	250 exs circulated	None
4-1/2"	9.5#	4320'	7-7/8	200 exs	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-3/8"	4265'	

31. PERFORATION RECORD (Interval, size and number)

4214-54' & 4274-80' w/1 JSPF

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4214-4280'	Treated w/1000 gal. 28%, 3000 gal. 15% and 4000 gal. 3% acid.

33.* PRODUCTION

DATE FIRST PRODUCTION **12/29/71** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **2" x 1-1/2" x 1" pump** WELL STATUS (Producing or shut-in) **Producing**

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
1/4/72	24	2"	→	133	TSTM	7	0-

FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
0-	0-	→	133	TSTM	7	18.2

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) **Vented** TEST WITNESSED BY

35. LIST OF ATTACHMENTS **1-104, Electric Log (3 copies)**

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED **Joe R. Howard** TITLE **Division Production Manager** DATE **1/7/72**

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 23, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES		38. GEOLOGIC MARKERS				
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP TRUE VERT. DEPTH
San Andres	4214	4254	Dolomite - Light Brown, vuggy, stain dull orange fluor.	San Andres	3510'	
	4274	4280	Dolomite - Same as above	Pi Marker	4060'	
				Slaughter Zone	4214'	

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OIL CONSERVATION COMM.

MOBILE, ALA.

INCLINATION REPORT

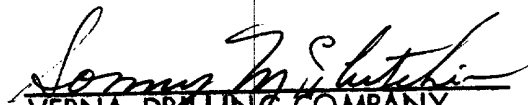
COASTAL STATES GAS PRODUCING COMPANY
P. O. Box 235
Midland, Texas 79701

Gonzales-Federal "31" #1
1980' FEL & 1980' FSL,
Section 31, T-9-S, R-33-E,
Lea County, New Mexico


RECORD OF INCLINATION

<u>Depth (feet)</u>	<u>Angle of Inclination (degrees)</u>	<u>Displacement (feet)</u>	<u>Accumulative Displacement (feet)</u>
367	0.75	4.81	4.81
860	1.00	8.63	13.44
1,330	1.00	8.23	21.67
1,689	0.50	3.12	24.79
2,115	0.75	5.58	30.37
2,420	0.75	4.00	34.37
2,663	0.75	3.18	37.55
2,914	0.75	3.29	40.84
3,257	1.00	6.00	46.84
3,508	1.00	4.39	51.23
3,713	0.75	2.69	53.92
3,952	1.00	4.13	58.05
4,138	1.00	3.26	61.31
4,320	0.75	2.38	63.69

I hereby certify that I have personal knowledge of the data and facts placed on this report, and that such information given above is true and complete.


VERNA DRILLING COMPANY
P. O. Box 1000
Levelland, Texas 79336

Sworn and Subscribed before me, this the 29th day of December, 1971.


Notary Public in and for
Hockley County, Texas

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**OIL CONSERVATION COMM.
HOBBE, E. G.**