

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Coastal Oil & Gas Corporation		Well API No. 30252235700
Address P. O. Box 235, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Cecil Baumrapp, Penn		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "32"	Well No. 1	Pool Name, Including Formation South Baum Wildcat Wolfcamp	R-9685 7/1/92	Kind of Lease State, Federal or Fee State	Lease No. State K-4177
Location Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line Section 32 Township 13-S Range 33-E, NMPM, Lea 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"/> Texas-New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 42130, Houston, Tx 77242					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 32	Twp. 13S	Rge. 33E	Is gas actually connected? yes	When? unknown

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'v	Diff Res'v X
Date Spudded 2-25-92	Date Compl. Ready to Prod. 2-25-92		Total Depth 9955'		P.B.T.D. 9706'			
Elevations (DF, RKB, RT, GR, etc.) 4263.8 GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9081'		Tubing Depth 9200'			
Perforations 9066-71, 9074-81					Depth Casing Shoe 9855'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13 3/8"	352'	350 sx. Class "A"
11"	8 5/8"	4043'	300 sx. Class "C"
7 7/8"	5 1/2"	9855'	400 sx. Class "C"
5 1/2"	2 3/8" tbg.	9200'	

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 Tank 3-7-92	Date of Test 3-9-92	Producing Method (Flow, pump, gas lift, etc.) Pumping (4 x 2-3/8 x 2") Kobe	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure ---	Choke Size open
Actual Prod. During Test 14	Oil - Bbls. 14	Water - Bbls. 35	Gas - MCF 6

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. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Bobby L. Smith  
Signature  
Bobby L. Smith Sr. Petroleum Engineer  
Printed Name  
March 18, 1992 915-682-7925  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 28  
By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
Title \_\_\_\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit to Appropriate  
District Office  
State Lease - 4 copies  
Fee Lease - 3 copies

Eng

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102  
Revised 1-1-89

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

### WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator Coastal Oil & Gas Corporation			Lease State "32"		Well No. 1
Unit Letter L	Section 32	Township 13-S	Range 33-E	County NMPM	Lea
Actual Footage Location of Well: 1980 feet from the South line and 660 feet from the West line					
Ground level Elev. 4263.8	Producing Formation Wolfcamp		Pool Wildcat	Dedicated Acreage: 40 <del>80</del> Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.

2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

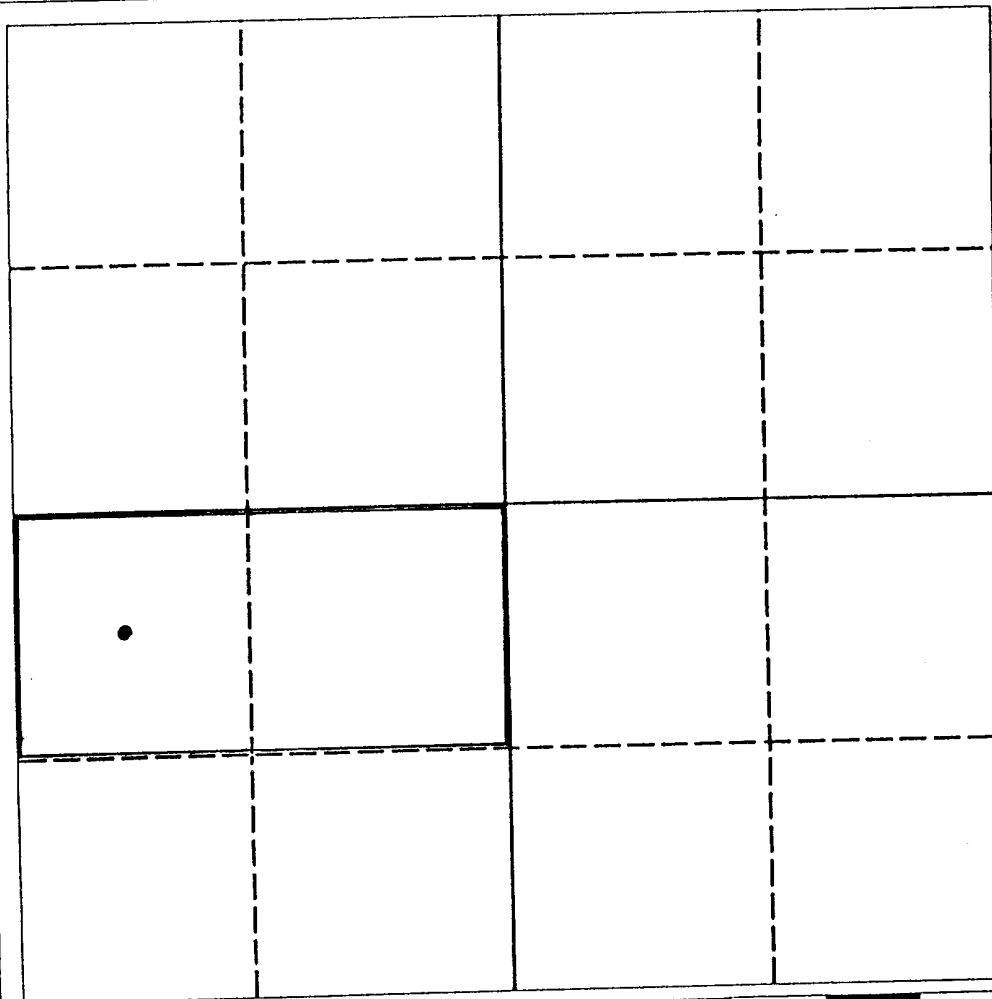
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

☐ Yes ☐ No

If answer is "yes" type of consolidation

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



#### OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature

*Bobby L. Smith*

Printed Name

Bobby L. Smith

Position

Sr. Petroleum Engineer

Company

Coastal Oil & Gas Corp.

Date

March 18, 1992

#### SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Signature & Seal of  
Professional Surveyor

Certificate No.

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0