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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-1  
Effective 1-1-65

I. Operator  
Coastal Oil & Gas Corporation

Address  
P.O. Box 235 Midland, TX 79702

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Gas Producing Enterprises, Inc., P.O. Box 235, Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Flying "M" (SA) Unit Tr. 1A</u>	Well No. <u>7</u>	Pool Name, including Formation <u>Flying "M" San Andres</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>058102</u>
Location Unit Letter <u>0</u> ; <u>659</u> Feet From The <u>South</u> Line and <u>1991</u> Feet From The <u>East</u>				
Line of Section <u>29</u> Township <u>9S</u> Range <u>33E</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"/> <u>Mobil Pipe Line Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 900, Dallas, TX 75221</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Cities Service Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 300, Tulsa, OK 74102</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>29</u>	Twp. <u>9S</u>	Rge. <u>33E</u>
	Is gas actually connected? <u>Yes</u>		When <u>6-24-74</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: N/A

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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/MCF	Gravity of Condensate
Testing Method (pilot, 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.

MH Williamson  
(Signature)  
District Administrative Supervisor  
(Title)  
June 12, 1980  
(Date)

OIL CONSERVATION COMMISSION  
**JUL 23 1980**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY John Runyan  
Orig. Signed by  
Geologist

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 filled for each pool in multiple-completed wells.