

**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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name **State "5"** Well No. **1** Pool Name, including Formation **Undesignated** Kind of Lease **State** Lease No. **K-1318**

Location

Unit Letter **L**; **660** Feet From The **West** Line and **1980** Feet From The **South**

Line of Section **5** Township **14S** Range **33E**, NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Permian Corporation Address (Give address to which approved copy of this form is to be sent)
P. O. Box 3119, Midland, Texas 79701

Name of Authorized Transporter of Casinghead Gas or Dry Gas
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 **L** Sec. **5** Twp. **14S** 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 checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1/15/68	Date Compl. Ready to Prod. 2/24/68	Total Depth 9972'	P.B.T.D. --					
Elevations (DF, RKB, RT, GR, etc.) 4267.8 GL	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 9920'	Tubing Depth 9420'					
Perforations 9920-40'	Depth Casing Shoe 9962'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13-3/8" csg.	366'	350 sks. Class A
11"	8-5/8" csg.	4050'	300 sks. Class C
7-7/8"	5-1/2" csg.	9962'	200 sks. Class C
5-1/2"	2-3/8" tubing	9420'	Packer

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 2/24/68	Date of Test 2/25/68	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 250	Casing Pressure --	Choke Size 19/64"
Actual Prod. During Test 431	Oil-Bbls. 285	Water-Bbls. 146	Gas-MCF 194

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.

Joe E. Howard
(Signature)
Division Production Superintendent
(Title)
February 26, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY **Joe E. Howard**

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.

