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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

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JUN 28 1977

Operator		MONSANTO COMPANY	
Address		O.C.C. ARTERIA OFFICE	
1330 Midland National Bank Tower, 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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	COQUINA FEDERAL <i>com</i>	Well No.	1	Pool Name, including Formation	Avalon - Morrow Gas	Kind of Lease	State, Federal or 7/64 Federal NM	Lease No.	0400512A
Location									
Unit Letter	J	1980	Feet From The	South	Line and	1980	Feet From The	East	
Line of Section	31	Township	20S	Range	27E	NMPM,	Eddy	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	The Permian Corporation			Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Coquina Oil Corp.			PO Box 1183, Houston, Texas 77001	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
	J	31	20S	27E	No yes 6-28-77

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't	Diff. Res't
		X	X					
Date Spudded	3/25/75	Date Compl. Ready to Prod.	5/30/75	Total Depth	10,780	P.B.T.D.	10,740	
Elevations (D/F, RKB, R/T, Q/R, E/C, I)	3243	Name of Producing Formation	Morrow	Top Oil/Gas Pay	10,676	Tubing Depth	10,427	
Perforations	10,700-04 - 9 holes					Depth Casing Shoe	10,780	
	10,676-82 - 13 holes							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	500'	600					
12 1/2"	9 5/8"	2080'	950					
8 1/2"	5 1/2"	10,780'	1000					
5 1/2"	2 3/8"	10,427'						

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-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
995 CAOF	4 Hrs.	-0-	-0-
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
B.P.	3243	Pkr.	10 - 16/64"

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]
(Signature)
Regional Production Manager
(Title)
6/27/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 5 1977
BY *[Signature]*
SUPERVISOR, DISTRICT II
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.