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TRANSPORTER	OIL
	GAS
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION  
**REQUEST FOR ALLOWABLE**  
 HUBBS OFFICE **A. C. C.**  
**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**  
**Aug 10 11 58 AM '67**

Form C-104  
 Supersedes Old C-104 and C-11  
 Effective 1-1-65

**I. 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) to report change in Unit name from Flying M (SA) Unit Tract 7 Well No. 1 as provided in revision of 7-6-67.

If change of ownership give name and address of previous owner: NA R-2924-Su D

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Flying M (SA) Unit Tract 12 1</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Flying "M" (San Andres)</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>OG 3798</b>
Location Unit Letter <u>L</u> ; <u>664.95</u> Feet From The <u>west</u> Line and <u>1978.02</u> Feet From The <u>south</u>				
Line of Section <u>15</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 type="checkbox"/> or Condensate <input type="checkbox"/> None	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 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>L</u>	Sec. <u>15</u>	Twp. <u>9S</u>	Rge. <u>33E</u>	Is gas actually connected? ---	When

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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/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 P. Howard*  
 (Signature)

Division Production Superintendent

(Title)

August 7, 1967

(Date)

OIL CONSERVATION COMMISSION  
**Aug 11 1967**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY \_\_\_\_\_  
 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.

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NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 HOBBS OFFICE O.C.C.  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

MAY 29 9 33 AM '67

HOBBS OFFICE O.C.C.  
 JUN 1 11 44 AM '67

Operator  
 Coastal States Gas Producing Company

Address  
 P. O. Box 235, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain) To report change in lease name from So. Minerals, Well No. 1-15 as provided in approved Unit Agreement effective 5-12-67.
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 NA

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Flying M (SA) Unit Tract 7	Well No. 1	Pool Name, including Formation Flying "M" (San Andres)	Kind of Lease State, Federal or Fee	Lease No. OG 3798
Location Unit Letter <u>L</u> ; <u>664.95</u> Feet From The <u>west</u> Line and <u>1978.02</u> Feet From The <u>south</u>				
Line of Section <u>15</u> Township <u>9S</u> Range <u>33E</u> , 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"/>	Address (Give address to which approved copy of this form is to be sent)					
None	-					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None	-					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 15	Twp. 9s	Rge. 33E	Is gas actually connected? -	When

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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/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 P. Howard  
 (Signature)  
 Division Production Superintendent  
 (Title)  
 May 24, 1967  
 (Date)

OIL CONSERVATION COMMISSION

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

BY Joe P. Howard

TITLE SUPERVISOR DISTRICT

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.

3.2.17

ST. MARY'S CHURCH

FOR THE YEAR 1917

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HOBBS OFFICE O. C. C.  
NEW MEXICO OIL CONSERVATION COMMISSION

MAY 19 11 27 AM '66

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease  
State  Fee   
5. State Oil & Gas Lease No.  
OG-3798

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Salt Water Injection Well	7. Unit Agreement Name -
2. Name of Operator Coastal States Gas Producing Company	8. Farm or Lease Name Southern Minerals State
3. Address of Operator P. O. Box 2498, Abilene, Texas	9. Well No. 1
4. Location of Well UNIT LETTER <u>L</u> , <u>664.95</u> FEET FROM THE <u>West</u> LINE AND <u>1978.02</u> FEET FROM THE <u>South</u> LINE, SECTION <u>15</u> TOWNSHIP <u>9-S</u> RANGE <u>33-E</u> NMPM.	10. Field and Pool, or Wildcat Flying "M" San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 4366.4' GL	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER _____ <input type="checkbox"/>	OTHER <u>Conversion to Salt Water Disposal</u> <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

June 10, 1965: Ran 4450' 2" Hydril plastic coated, with Totum Tension Packer set @ 4450'. Circulate non-corrosive fluid to annular space above packer. Begin injection salt water at 200 BPD at 600 psi.

July 13, 1965: Acidized with 10,000 gals retarded acid at 10.1 BPM @ 4200 psi. ISIP - 2000 psi, 15" 1700 psi. Resumed injecting salt water at 200 BPD at 500 psi.

*Per F 4545-4555 & 4585-4590*

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

SIGNED: Jack R. McGraw TITLE Production Superintendent DATE May 17, 1966

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

*R. 2924*