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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

I. Operator  
**Coastal States Gas Producing Company**  
Address  
**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 record initial connection of casing-head gas to purchaser.**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Southern Minerals State</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Flying "M" (Abo)</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>OG-1981</b>
Location Unit Letter <b>J</b> ; <b>2307.6</b> Feet From The <b>south</b> Line and <b>1661.9</b> Feet From The <b>east</b> Line of Section <b>16</b> Township <b>9S</b> Range <b>33E</b> , NMPM, <b>Lea</b> 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"/> <b>Mobil Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 900, Dallas, Texas 75221</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Cities Service Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 300, Tulsa, Oklahoma 74102</b>	
If well produces oil or liquids, give location of tanks. <b>J 16 9S 33E</b>	Unit <b>J</b>	Sec. <b>16</b>
	Twp. <b>9S</b>	Rge. <b>33E</b>
	Is gas actually connected? <b>Yes</b>	When <b>10-13-67</b>

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			
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

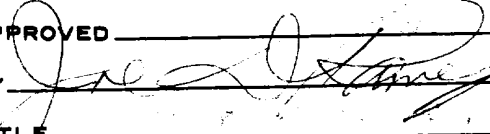
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

  
(Signature)  
**Division Production Superintendent**  
(Title)  
**November 3, 1967**  
(Date)

OIL CONSERVATION COMMISSION

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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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110  
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Coastal States Gas Producing Company				Lease State Southern Minerals		Well No. 1
Unit Letter J	Section 16	Township 9-S	Range 33-E	County Lea		
Pool Flying "M" (Abo)				Kind of Lease (State, Fed, Fee) State		
If well produces oil or condensate give location of tanks		Unit Letter J	Section 16	Township 9-S	Range 33-E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Magnolia Pipeline Company				Address (give address to which approved copy of this form is to be sent) Main Office: P. O. Box 900 Dallas, Texas Field: P. O. Box 606, Seminole, Texas		
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>		Date Con- nected	Address (give address to which approved copy of this form is to be sent)			

If gas is not being sold, give reasons and also explain its present disposition:

Flared - No Present Market.

REASON(S) FOR FILING (please check proper box)

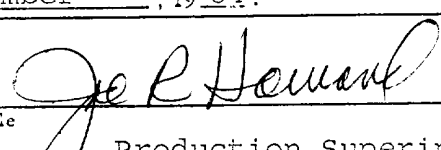
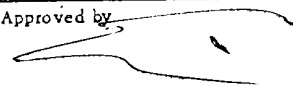
New Well ☐ Change in Ownership ☐  
Change in Transporter (check one) Other (explain below)  
Oil ☒ Dry Gas ☐  
Casing head gas ☐ Condensate ☐

Remarks

Change in Transporter from McWood Corporation, effective December 21, 1964.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 17th day of December, 1964.

OIL CONSERVATION COMMISSION		By 
Approved by 	Title Production Superintendent	
Title	Company Coastal States Gas Producing Company	
		Address P. O. Box 2498, Abilene, Texas