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NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

HOOBS OFFICE O. C. C.

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Abilene, Texas

September 8, 1964

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Coastal States Gas Producing Company

Well No. **1**, in **NW** $\frac{1}{4}$ **NW** $\frac{1}{4}$,

(Company or Operator)

(Lease)

D, Sec. **28**, T. **9S**, R. **33E**, NMPM., **Undesignated** Pool

Unit Letter

Lea

County. Date Spudded **8-5-64**

Date Drilling Completed **8-16-64**

Elevation **4348'** Total Depth **5170'** PBTD **4560'**

Top Oil/Gas Pay **4490'** Name of Prod. Form. **San Andres**

PRODUCING INTERVAL -

Perforations **4490 - 4505'**

Open Hole _____ Depth _____ Depth **4508'**
Casing Shoe _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **85** bbls. oil, **21** bbls water in **24** hrs, **0** min. Size _____ Choke -

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **1000 gals SDA**

Casing _____ Tubing _____ Date first new **September 1, 1964**
Press. _____ Press. _____ oil run to tanks

Oil Transporter **The Permian Corp.**

Gas Transporter _____

Remarks: *Drilling 11 SEP 1964*

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

Approved **SEP 17 1964**, 19____

Coastal States Gas Producing Co.

(Company or Operator)

By: *Joe L. Howard*
(Signature)

Title **Production Superintendent**

Send Communications regarding well to:

Name **Coastal States Gas Producing Co.**

Address **P.O. Box 385, Abilene, Texas**

OIL CONSERVATION COMMISSION

By: _____

Title **Engineer District**