

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

**NEW MEXICO OIL CONSERVATION COMMISSION**  
Santa Fe, New Mexico

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

**REQUEST FOR (OIL) - (GAS) ALLOWABLE**

HOBBBS OFFICE O. C. C.

New Well  
Recompletion

SEP 16 3 44 PM '64

This form shall be submitted by the operator before an initial allowable will be assigned to any Permitted 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 15, 1964**

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: **COASTAL STATES GAS PRODUCING COMPANY**, Well No. **2-29**, in **SE**  $\frac{1}{4}$  **NE**  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

**Undesignated**

**H**

Sec. **29**

T. **9-S**

R. **33-E**

NMPM.,

Pool

Unit Letter

**Lea**

County. Date Spudded **8-29-64**

Date Drilling Completed **9-5-64**

Please indicate location:

D	C	B	A
E	F	G	H X
L	K	J	I
M	N	O	P

Elevation **4322' GR** Total Depth **4500'** PBTD **-----**

Top Oil/Gas Pay **4435'** Name of Prod. Form. **San Andres**

PRODUCING INTERVAL -

Perforations **4435 - 39'**  
Open Hole **-----** Depth **-----** Depth Casing Shoe **-----** Depth Tubing **4449'**

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): **86** bbls. oil, **38** 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 HCL**

Casing Press. **---** Tubing Press. **---** Date first new oil run to tanks **September 14, 1964**

Oil Transporter **McWood Corporation**

Gas Transporter **-----**

Remarks: *Drilling 711 A Ext. 81 Hrs.*

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 COMPANY**

(Company or Operator)

By: *J. R. 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: **-----**