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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-11
Effective 1-1-65

Operator Coastal Oil & Gas Corporation	
Address P.O. Box 235 Midland, TX 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Gas Producing Enterprises, Inc., P.O. Box 235, Midland, TX 79702

Lease Name Flying "M"(SA) Unit Tr.17		Well No. 1	Pool Name, including Formation Flying "M" San Andres	Kind of Lease State, Federal or Fee State	Lease No. 0G-5083
Location Unit Letter J : 2307.1 Feet From The South Line and 2310 Feet From The East					
Line of Section 21 Township 9S Range 33E, NMPM, Lea County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipe Line Co.		Address (Give address to which approved copy of this form is to be sent) P.O. Box 900, Dallas, TX 75221			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Co.		Address (Give address to which approved copy of this form is to be sent) P.O. Box 300, Tulsa, OK 74102			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 21	Twp. 9S	Pge. 33E	Is gas actually connected? When Yes 10-13-67

If this production is commingled with that from any other lease or pool, give commingling order number: N/A

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
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				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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

Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pilot, 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.	
MH Williamson (Signature)	
District Administrative Supervisor (Title)	
June 12, 1980 (Date)	

OIL CONSERVATION COMMISSION JUL 23 1980	
APPROVED _____, 19____	
BY _____ Orig. Signed by John Runyan Geologist	
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.	