

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

# NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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

HOBBS OFFICE O. C. C. New Well  
Recompletion

JUN 8 8 35 AM '64

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

5-31-64

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: **COASTAL STATES GAS PRODUCING COMPANY - Southern Minerals State** No. **1-21**, in **NW**  $\frac{1}{4}$  **SE**  $\frac{1}{4}$ .

(Company or Operator)

(Lease)

J

Sec. 21

T. 9-S

R. 33-E

NMPM.

Undesignated

Pool

Unit Letter

Lea

County. Date Spudded 5-12-64

Date Drilling Completed

5-24-64

Please indicate location:

Elevation 4356' GL

Total Depth

4535'

PBTD

4534'

Top Oil/Gas Pay

4508'

Name of Prod. Form.

San Andres

PRODUCING INTERVAL -

Perforations 4508 - 15'

Open Hole

-----

Depth

Casing Shoe

4535'

Depth

Tubing

4502'

OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke

load oil used): 234.5 bbls. oil, --- bbls water in 24 hrs, \_\_\_\_\_ min. Size \_\_\_\_\_

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 BDA

Casing Press. \_\_\_\_\_ Tubing Press. \_\_\_\_\_ Date first new oil run to tanks May 30, 1964

Oil Transporter The Permian Corporation

Gas Transporter \_\_\_\_\_

Remarks:

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

Approved: \_\_\_\_\_, 19\_\_\_\_\_

COASTAL STATES GAS PRODUCING COMPANY

(Company or Operator)

By: \_\_\_\_\_

(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 \_\_\_\_\_