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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 P. O. Box 235, Midland, Texas	
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"/>
Change in Ownership <input checked="" type="checkbox"/> Eff. 10-1-66	Dry Gas <input type="checkbox"/>
	Casinghead Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner Shell Oil Co., Shell Building, Midland, Texas	

II. DESCRIPTION OF WELL AND LEASE

Lease Name State FM "A"	Well No. 1	Pool Name, including Formation Flying "M" San Andres	Kind of Lease State, Federal or Fee State	Lease No. OG670
Location Unit Letter P ; 660 Feet From The south Line and 660 Feet From The east Line of Section 17 Township 9-S Range 33-E , NMPM, Lea 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"/> Magnolia Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas 75221	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None - vented	Address (Give address to which approved copy of this form is to be sent) - - - - -	
If well produces oil or liquids, give location of tanks.	Unit P - 17	Sec. 9S
	Twp. 9S	Rge. 33E
	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number: **CTD-132, 11-5-64**

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)

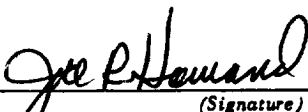
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

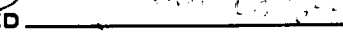
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief


(Signature)

Division Production Superintendent
(Title)

October 10, 1966
(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 tests taken on the well in accordance with RULE 11.
All sections of this form must be filled out on new and recompleted wells.
Fill out only Sections I, II, III, and VI for well name or number, or transporter, or other such
Separate Forms C-104 must be filed for each completed wells.