1	40. 57 COPILS PLEESVES		~	
	DISTRIBUTION SANTA FE	REQUEST	DNSERVATION COMMISJN FOR ALLOWABLE	Form C-164 Supersedes Old C-104 and C-1 Effective 1-1-65
	U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS		NSPORT OIL AND NATURAL G	SAS
I.	CPERATOP CPE			
	Coastal States Gas Producing Company Address			
	P. O. Box 235, Midland Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership		name from <u>Flying</u> Well No. 2 as pro	o report change in Unit M (SA) Unit Tract 2 ovided in revision of
	If change of ownership give name and address of previous owner	NA		
И.	DESCRIPTION OF WELL AND I	FASE Well No. Pool Name, Including Fo		
	Flying M (SA) Unit Tract 4 2 Flying "M" (San Andres) State, Federal or Fee State OG 670   Location Unit Letter J , 1980 Feet From The South Line and 1980 Feet From The east			
	· · · · · · · · · · · · · · · · · · ·	mship 9S Range		Lea County
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Oil X or Condensate   Mobil Pipe Line Company   Name of Authorized Transporter of Casinghead Gas   Or Dry Gas   Address (Give address to which approved copy of this form is to be sent)   Name of Authorized Transporter of Casinghead Gas   Or Dry Gas   Address (Give address to which approved copy of this form is to be sent)			
	Name of Authorized Transporter of Cas None - vented	inghead Gas 🔄 or Dry Gas 🦳	Address (Give address to which approv	ved copy of this form is to be sent)
	lf well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When give location of tanks. J 17 98 33E No			
<b>1</b> 37	If this production is commingled with that from any other lease or pool, give commingling order number: CTB-132, 11-5-64 COMPLETION DATA			
	Designate Type of Completio	n - (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, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations Depth Casing Shoe			
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allo able for this depth or be for full 24 hours)			
	OIL WELL able for this dep Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
	Length of Teat	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbla.	Gas - MCF
	I <u></u>	1,	J.,.,	
	GAS WELL Actual Prod. Test-MCF/D	Longth of T <b>os</b> t	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		OTE CONSERVATION COMMISSION	
	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.		APPROVED, 19	
			TITLE This form is to be filed in compliance with RULE 1104. If this is request for allowable for a newly drilled or deepene well, this form must be recomplised 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 allow able on new and recomplicted wells.	
	(Signature)			
	Division Production Superintendent (Tiule)			
	August 7,	1967 	Fill out only Sections I, I well name or number, or transport	I. III, and VI for changes of owned ter, or other such change of condition t be filed for cuch pool in multipl