	NO. OF COPIES RECEIVED		CONSERVATION COMM		Form C-104 Supersedes Oli	l C-104 and C-110		
1.	FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	Operator Coastal States Gas Address P. O. Box 235. Mid Reason(s) for filing (Check proper box, New Well Recompletion Change in Ownership Eff. 10- If change of ownership give name	Iland, Texas) Change in Transporter of: Oil Dry Ga		e explain) dland, Text				
	and address of previous owner	and II GIL Company, Shel	i bullding, A	alana, lex		<u> </u>		
IJ.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F		Kind of Lease		Lease No.		
	State FM "B" Location Unit Letter N ; 660	I Flying "M" Sa Feet From The South		State, Federal or Feet From The	DLate	OG 6581		
		wnship 95 Range	33E , NMPN		·	County		
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S					
Ĭn.	Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Sallas, Texas 75221 Address (Give address to which approved copy of this form is to be sent)						
	None - vented				copy of this form is t	o be sent)		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. -N - 17 98 33E	Is gas actually connect	ed? When 				
	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'y, Diff. Res'y,							
	Designate Type of Completio	l				 		
	Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod.	Total Depth Top Oil/Gas Pay		P.B.T.D.			
	Perforations				Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEN	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 allow- able for this depth or be for full 24 hours) Date First New Oil Bun 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-Bble.			a - MCF			
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F G	Fravity 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.		OIL CONSERVATION COMMISSION OCT 13 1361, 19					
			TITLE					
	Ju Attamend				pliance with RULE			
	Division Production	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 allow-						
	(Title)		able on new and re	completed wells	•			
	October 10, 1966 (Date)		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.					

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.

NO. OF COPIES RECEIVED		5.0	,				
CISTRIBUTION		ONSERVATION COMMISSION	Form C-164 Supersedes Old C-104 and C Effective 1-1-65				
FILE U.S.G.S.		AND INSPORT OHAANG NOTURALA					
TRANSPORTER DIL	•		- ••				
OPERATOP PRCRATION OFFICE							
Cperator Coastal States Gas Producing Company							
Address P. O. Box 235, Mid	land, Texas 79701						
Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership		 name from <u>State</u> vided in approve 	o report change in lease FM "B" Well No. 1 as pr ed Unit Agreement effec.				
If change of ownership give name							
and address of previous owner	NA						
DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including F		—				
Flying M (SA) Unit Trac	t 1 1 Flying "M" (S	an Andres) State, Feder	ral or Fee State OG 658				
Unit Letter N; 660	OFeet From TheSOUThLin	e and <u>1980</u> Feet From	The West				
Line of Section 17 Tow	mship 9S Range	33Е , ммрм,	Lea Count				
DESIGNATION OF TRANSPORT	FR OF OUL AND NATURAL GA	S					
Name of Authorized Transporter of Oll	x or Condensate	Address (Give address to which appr					
Mobil Pipe Line Company Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	P.O. Box 900, Dallas, Address (Give address to which appr	, TEXAS 15221 oved copy of this form is to be sent)				
None - vented			hen				
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.g. N 17 98 33E	Is gas actually connected? W NO	nen				
If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	СТВ-132, 11-5-64				
COMPLETION DATA	(V) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Re				
Designate Type of Completio	n = (X) Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Date Spudded	Date Compi. Heday to Prod.						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations			Depth Casing Shoe				
	TURING CASING AN	CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
			·····				
. TEST DATA AND REQUEST FO	DRAILOWARFE (Test must be a	free recovery of total volume of load of	il and must be equal to or exceed top al				
OIL WELL	able for this de	Producing Method (Flow, pump, gas					
Date First New Oil Run To Tanks	Date of Test						
Length of Test	Tubing Pressure	Casing Pressure	Choko Sizo				
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Ges-MCF				
	<u> </u>		; ;,,,,,,,,,,,				
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				
. CERTIFICATE OF COMPLIAN	LCE	OIL CONSERVATION COMMISSION					
I hereby certify that the rules and regulations of the Oil Concervation		APPROVED					
I hereby certify that the rules and r Commission have been complied w above is true and complete to the	with and that the information given	BY tola	Anes				
above is true and complete to the	. Jobt of my knowlodge and belief.						
\sim 0/		/TITKE					
		the second secon	cumellance with strugg 1104.				
He Kh	awane	The second for the	i ourgill nos with side a 1134. ow, do for a newly cilled or de pr				
(Sigar	acure)	If this is a request for all well, this form runs by coos- tests taken on the well have	ow, stallter a streng estitué en despr Suden type et strend est des angle Grand an sude served (1994				
Division Foduction (7) May 24, 1967	aure) Superintendent	If this is a request for all, well, this form runs be coor- tests taken on the well in the All sections of this form a abla on now and recompleted	ow, do for a sively child or despr and the space of the destruction and the state of the second state must be filled out completely for all				
\frown $\land I$			0				

Fill out only Soctions 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 filled for each pool in multiply completed wells.