

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

# NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)

Revised 7/1/57

Santa Fe, New Mexico

NO. 100-10000-10000

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

Jul 6 8 30 AM '64  
New Well  
Recompletion

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

July 6, 1964

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: **Coastal States Gas Producing Company- W. A. State**, Well No. **1** in **SE** **1/4** **NW** **1/4**,  
(Company or Operator) (Lease)  
**F**, Sec. **32**, T. **9-S**, R. **33-E**, NMPM., **Undesignated** Pool  
Unit Letter **Lea**

County. Date Spudded **June 12, 1964** Date Drilling Completed **June 21, 1964**  
Elevation **4324'** Total Depth **4500'** PBDT **-----**

Please indicate location:

D	C	B	A
E	F X	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay **4402'** Name of Prod. Form. **San Andres**

### PRODUCING INTERVAL -

Perforations **4402 - 12'**  
Open Hole **-----** Depth **-----** Depth **4414'**  
Casing Shoe **-----** Tubing

### 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 load oil used): **115.2** bbls. oil, **0** bbls water in **24** hrs, **0** 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: **-----**

(FOOTAGE)  
Tubing, Casing and Cementing Record

Size	Feet	Size
8-5/8"	259'	200
4-1/2"	4500'	300
2-3/8"	4414'	---

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **1000 Gals HDA**

Casing Press. **---** Tubing Press. **---** Date first new oil run to tanks **July 6, 1964**

Oil Transporter **The Permian Corporation**

Gas Transporter **-----**

Remarks: **PLEASE KEEP THIS INFORMATION CONFIDENTIAL UNTIL SEPTEMBER 1, 1964.**

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

Approved **July 7 1964**, 19**-----**

OIL CONSERVATION COMMISSION

By: **-----**  
Title **-----**

**COASTAL STATES GAS PRODUCING COMPANY**

(Company or Operator)  
By: **-----**  
(Signature)

Title **Production Superintendent**

Send Communications regarding well to:  
**Coastal States Gas Producing Co.**

Address **P. O. Box 385, Abilene, Texas**