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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
107 11 1967

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

I. Operator
Coastal States Gas Producing Company
Address
Box 235, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
To record initial connection of casinghead gas to purchaser.
If change of ownership give name and address of previous owner NA

II. DESCRIPTION OF WELL AND LEASE
Lease Name Flying M (SA) Uv Tr 25 Well No. 2 Pool Name, including Formation Flying "M" (San Andres) Kind of Lease State, Federal or Fee Fee
Location
Unit Letter F, 1840 Feet From The north Line and 1840 Feet From The west
Line of Section 28 Township 9S Range 33E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Mobil 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 ☒ or Dry Gas ☐
Cities Service Oil Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 300, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks, Unit F Sec. 28 Twp. 9S Rge. 33E Is gas actually connected? Yes When 10-13-67

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA
Designate Type of Completion - (X)
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
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE 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 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 (flow, 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.
J. R. Howard
Division Production Superintendent
October 20, 1967
OIL CONSERVATION COMMISSION
APPROVED 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 deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.