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DATE OF ISSUE	
TRANSPORTER	OIL
	GAS
COMPLETION	
REGISTRATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
I.O.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-
Effective 1-1-66

OCT 20 1967

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: Oil ☐ Dry Gas ☐ To record initial connection of casing-head gas to purchaser.

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

If change of ownership give name and address of previous owner NA

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Flying M (SA) Un-Tr 25	3	Flying "M" (San Andres)	State, Federal or Fee Fee	

Location

Unit Letter L ; 1980 Feet From The south Line and 661 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 ☐	Address (Give address to which approved copy of this form is to be sent)
Mobil Pipe Line Company	P. O. Box 900, Dallas, Texas 75221
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Cities Service Oil Company	P. O. Box 300, Tulsa, Oklahoma 74102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	28	9S	33E	Yes	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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rest'n.	Diff. Rest'n.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Elevations (OF, 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 (pilot, 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.

Joe L. Howard
(Signature)
Division Production Superintendent
(Title)
October 20, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, IS

BY *ORIGINAL*

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 calculation of the G.V.M. taken on the well in accordance with RULE 1104.

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 owner, well name or number, or transporter or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.