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# NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)  
Revised 7/1/57

Santa Fe, New Mexico

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

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

June 22, 1965

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Coastal States Gas

Producing Company

Fee

, Well No. 3

, in NW 1/4 SW 1/4

(Company or Operator)

(Lease)

L, Sec. 28

T. 9-S

R. 33-E

NMPM,

(Flying "M" (San Andres) Pool)

Unit Letter

Lea

County. Date Spudded June 1, 1965 Date Drilling Completed June 11, 1965

Elevation 4326' GL Total Depth 4530' PBD

Please indicate location:

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

Top Oil/Gas Pay 4460' Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 4460 - 4468'

Open Hole Depth 4529' Casing Shoe Depth 4465' Tubing

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 87 bbls. oil, 15 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:

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

Casing Press. Tubing Press. Date first new oil run to tanks June 21, 1965

Oil Transporter Magnolia Pipeline Company

Gas Transporter

Remarks:

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

Approved, 19

OIL CONSERVATION COMMISSION

By:

Title

Coastal States Gas Producing Company  
(Company or Operator)

By: J. L. Howard  
(Signature)

Title Production Superintendent  
Send Communications regarding well to:

Name Coastal States Gas Producing Co.

Address P. O. Box 2498, Abilene, Texas