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TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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

5-27-65

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: **Coastal States Gas Producing Company - Sinclair State**, Well No. **4**, in **NE** $\frac{1}{4}$ **SE** $\frac{1}{4}$,

1 (Company or Operator)

20

T 9-S

(Lease)

33-E

Flying "M" (San Andres)

Pool

Unit Letter

Lea

County, Date Spudded **3-30-65**

Date Drilling Completed **5-5-65**

Please indicate location:

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

Elevation **4366.2' GR** Total Depth **9278'** PBD **4458'**

Top Oil/Gas Pay **4451'** Name of Prod. Form. **San Andres**

PRODUCING INTERVAL -

4451 - 69'

Perforations _____

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ Tubing **4458'**

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 load oil used): **93** bbls. oil, **20** bbls water in **24** hrs, **0** min. Size _____ Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8	368	350
8-5/8	5125	500
2-7/8	4458	---

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 & 5000 Gals Retarded Acid**

Casing _____ Tubing _____ Date first new _____ **May 28, 1965**
Press. _____ Press. _____ oil run to tanks

Oil Transporter **Magnolia Pipeline Company**

Gas Transporter _____

Remarks: *80 acre unit to be shared with #1*

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

Approved _____, 19____

COASTAL STATES GAS PRODUCING COMPANY

(Company or Operator)

By: *[Signature]*

(Signature)

Title **Production Superintendent**

Send Communications regarding well to:

Coastal States Gas Producing Co.
Name _____

P. O. Box 2498, Abilene, Texas

OIL CONSERVATION COMMISSION

By: _____

Title _____