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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND ~~U.S.G.S.~~
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
APR 20 7 21 AM '67

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Coastal States Gas Producing Company
Address
P. O. 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)
- - -

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

II. DESCRIPTION OF WELL AND LEASE
Lease Name **State FM "A"** Well No. **14** Pool Name, including Formation **Flying "M" (San Andres)** Kind of Lease **State** Lease No. **OG-670**
Location
Unit Letter **I**; **1980** Feet From The **S** Line and **660** Feet From The **E**
Line of Section **17** 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 ☐
None - vented Address (Give address to which approved copy of this form is to be sent)
- - - -
If well produces oil or liquids, give location of tanks. Unit **P** Sec. **17** Twp. **9S** Rge. **33E** Is gas actually connected? **No** When **- - -**

If this production is commingled with that from any other lease or pool, give commingling order number: **CTB-132, 11-5-64**

IV. COMPLETION DATA
Designate Type of Completion - (X) **X** Oil Well ☒ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☒ Same Res'v. ☐ Diff. Res'v. ☐
Date Spudded **3-1-67 Re-entry** Date Compl. Ready to Prod. **3-10-67** Total Depth **9285'** P.B.T.D. **4490'**
Elevations (DF, RKB, RT, GR, etc.) **4392' DF** Name of Producing Formation **San Andres** Top Oil/Gas Pay **4432'** Tubing Depth **4458'**
Perforations **None - open hole** Depth Casing Shoe **- - -**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
15" **11-3/4", 40#, csg.** **411'** **350**
11" **8-5/8", 24 & 32# csg.** **3751'** **400**
7-7/8" **4-1/2", 12.6#, FJ csg.** **3659-4487' (liner)** **Liner hanger**
- - - **2-3/8", 4.7# tbg.** **4458'** **- - -**

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 3-25-67	Date of Test 4-13-67	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure - - -	Casing Pressure - - -	Choke Size - - -
Actual Prod. During Test 132 bbls	Oil - Bbls. 22	Water - Bbls. 110	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.


(Signature)

Division Production Superintendent
(Title)

April 14, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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 condition.

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