

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

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

HOBBS OFFICE O. C. C.

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I.

Operator Coastal States Gas Producing Company	
Address P. O. Box 2498, Abilene, Texas	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Southern Minerals State 21	Well No. 4	Pool Name, Including Formation Flying "M" (San And.)	Kind of Lease State, Federal or Fee State
Location			
Unit Letter H	1904.3 Feet From The North Line and 845.9 Feet From The East		
Line of Section 21	Township 9-S	Range 33-E	NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Magnolia Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 606, Seminole, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 H	Sec. 21
	Twp. 9-S	Rge. 33-E
	Is gas actually connected? No	When -----

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

CTB-139

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 2/11/66	Date Compl. Ready to Prod. 2/28/66	Total Depth 4630'	P.B.T.D. -----					
Pool Flying "M" (SA)	Name of Producing Formation San Andres	Top Oil/Gas Pay 4507'	Tubing Depth 4600'					
Perforations 4507-10', 4513-16', 4520-24' (Open Hole Log Measurements)			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	261'	200					
7-7/8"	4-1/2"	4630'	277					

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 3/2/66	Date of Test 3/6/66	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure ---	Casing Pressure ---	Choke Size Pumping
Actual Prod. During Test 90 Barrels	Oil-Bbls. 76	Water-Bbls. 14	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	Casing Pressure	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.



Production Superintendent

(Title)

March 7, 1966

(Date)

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 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 Sections I, II, III, and VI only 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.