

| DISTRIBUTION | |
|------------------|-----|
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

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-114
 Effective 1-1-65

I. OPERATOR

Operator
 Coastal States Gas Producing Company

Address
 P. O. Box 235, Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Nancy Trow Well No. 2

If change of ownership give name and address of previous owner Coastal States Gas Producing Co., P. O. Box 235, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|-----------------------------|----------|--------------------------------|---------------------------|-----------|
| Flying "M" (SA) Unit Tr. 24 | 1 | Flying "M" (San Andres) | State, Federal or Fee Fee | -- |

Location
 Unit Letter N ; 793.9 Feet From The South Line and 1856.6 Feet From The West

Line of Section 29 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"/> | Address (Give address to which approved copy of this form is to be sent) |
| Mobil Pipe Line | Box 900, Dallas, Texas 75221 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | 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 |
| | N | 29 | 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 | Same Res'v. | Diff. Res'v. |
|------------------------------------|-----------------------------|----------|----------|----------|----------|--------|-----------|-------------|--------------|
| Date Spudded | Date Compl. Ready to Prod. | | | | | | | | |
| Elevations (DF, RKB, RT, CR, etc.) | Name of Producing Formation | | | | | | | | |
| Perforations | | | | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| | | | |
| | | | |
| | | | |

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 | 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 (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.

Joe E. Howard
 (Signature)
 Division Production Manager
 (Title)
 May 3, 1971
 (Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 3 1971, 19 _____
 BY [Signature]
 TITLE OPERATOR

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 multiple.

RECEIVED

MAY 4 1971

**OIL CONSERVATION COMM.
HOBBS, N. M.**