

DISTRIBUTION	
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-110
Effective 1-1-65

Operator		CASINGHEAD GAS MUST NOT BE FLARED AFTER 5/25/73 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	
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	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Gonsales Federal "31" A.D.	1	Flying "M" (San Andres)	State, Federal or Fee Federal	NM14204
Location				
Unit Letter	P	660 Feet From The	South Line and	660 Feet From The
				East
Line of Section	31	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 Oil Company				P. O. 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)	
None					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?
	J	31	9-S	33-E	No
					When

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.	Diff. Res.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
NA	3/18/73		9070'		4489'			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
NA	San Andres		4239'		4235'			
Perforations					Depth Casing Shoe			
4239'-52', 59'-61', 64'-70'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	12-3/4"		381'		Circ.			
11"	8-5/8"		2560'		400 sxs.			
7-7/8"	5-1/2"		4489'		250 sxs.			
5-1/2"	2-3/8"		4235'					

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.)	
3-20-73	3-21-73	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	-0-	-0-	2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
22.1	21.1	1	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.

J. D. Shepherd
(Signature)
District Production Superintendent
(Title)
3/26/73
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY J. D. Shepherd
TITLE SUPERINTENDENT

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.

COASTAL STATES GAS PRODUCING COMPANY

NORTH TEXAS DIVISION
WILCO BUILDING
MIDLAND, TEXAS
79701

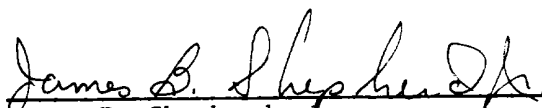
March 26, 1973

New Mexico Oil Conservation Commission
P. O. Box 1980
Hobbs, New Mexico 88240

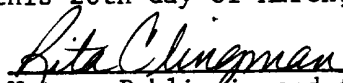
Re: Gonsales-~~Federal~~ "31" A-1,
660' FSL & 660' FEL, Section
31, T-9-S, R-33-E, Lea County,
New Mexico

<u>Depth (Feet)</u>	<u>Angle of Inclination (Degrees)</u>	<u>Displacement (Feet)</u>	<u>Accumulated Displacement (Feet)</u>
1,350'	1	2.36	2.36
2,400'	1	4.20	6.56
4,600'	1/4	2.02	8.58
7,360'	1-1/2	1.93	10.51
7,725'	2	2.70	13.21
7,850'	1-3/4	2.39	15.60
8,050'	1-3/4	2.46	18.06
8,750'	1-3/4	2.67	20.73

I hereby certify that the above data placed on this report was given to me on a daily drilling report from Belco Petroleum Corporation, and the information is true to the best of my knowledge.


James B. Shepherd, Jr.
District Production Superintendent

Sworn to and subscribed before me this 26th day of March, 1973.


Rita Clingman
Notary Public in and for Midland
County, Texas