

DISTRIBUTION	
ANTA 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-11
 Effective 1-1-65

I. OPERATOR
 Coquina Oil Corporation
Address
 P. O. Drawer 2960, Midland, Texas 79702
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

II. DESCRIPTION OF WELL AND LEASE *North Lusk Morrow R-6576*

Lease Name Shelly Com. Federal <i>Com</i>	Well No. 1	Pool Name, Including Formation Undesignated (Lower Morrow)	Kind of Lease State, Federal or Fee	Lease No. NM 17435
Location Unit Letter <u>H</u> ; <u>1980'</u> Feet From The <u>FNL</u> Line and <u>660'</u> Feet From The <u>FEL</u> Line of Section <u>5</u> Township <u>19-S</u> Range <u>32-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Basin, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2297, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79928
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>5</u> Twp. <u>19S</u> Rce. <u>32E</u>	Is gas actually connected? <u>No</u> <u>yes</u> When <u>11-11-80</u> WO Pipeline Connections

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.
		X	X					
Date Spudded 7/30/80	Date Compl. Ready to Prod. 10/16/80	Total Depth 13,060'		P.B.T.D. 13,019				
Elevations (DF, RKB, RT, GR, etc.) 3684' RKB	Name of Producing Formation Lower Morrow	Top Oil/Gas Pay 12954'		Tubing Depth 12,962'				
Perforations 12954' - 12962' 2 SPF - Total 17 holes.						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8" csg.		410'		425 SX			
12-1/4"	8-5/8" csg.		4196'		1295 SX			
7-7/8"	5-1/2" csg		13059'		1075 SX			
	2-7/8" tbg		12962'					

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 CAOF - 9641 MCFD	Length of Test 4 hrs.	Bbls. Condensate/MMCF 8.5 bbls/MMCF	Gravity of Condensate 49.6
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.

C. L. Crain

 (Signature)
 Drilling Manager

 (Title)
 October 24, 1980

 (Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 13 1980, 19 _____

BY Leslie A. Clements
 OIL & GAS INSPECTOR

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 Form C-104 must be filed for each pool in multiple