NO. OF COPIES RECT	LIVED	l L	
DISTRIBUTION			
SANTA FE		ĺ	
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
555545464 655465		1	I

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<u>ا</u> ا	DISTRIBUTION	NEW MEXICO OIL CO	DINSERVATION COMMIS. JN	Form C-104	
	SANTA FE	REQUEST F	REQUEST FOR ALLOWABLE		
	FILE		AND		
	u.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATUR			. GAS	
	LAND OFFICE				
	IRANSPORTER GAS				
	OPERATOR				
8. ¦	PRORATION OFFICE Operator				
-	Coquina Oil Corporat	ion			
	418 Bldg. of the Sou	thwest, Midland, Texas	79701		
Ī	Reason(s) for filing (Check proper box)		Other (Please explain)		
1	New We!1	Change in Transporter of:		•	
- 1	Recompletion	Oil A Dry Gas Casinghead Gas Condens	<u> </u>		
L	Change in Ownership	Casinghead Gas Condens	34.5		
	f change of ownership give name and address of previous owner				
II. <u>]</u>	DESCRIPTION OF WELL AND I	LEASE Well No.: Pool Name, Including F.	matten Kind of Le	ase Lease No.	
Ī	Lease Name Vivian	Well No. Pool Name, Including FC 3 Drinkard	,	eral or Fee Fee	
	Location	5 Bi inkai a			
		Feet From The S Line	e and Feet Fro	m The W	
	Line of Section 30 Tow	mship 22S Range 38	BE , NMPM,	Lea County	
	DECICALITION OF TRANSPORT	TER OF OIL AND NATURAL GA	S		
11. [Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which ap)	proved copy of this form is to be sent)	
į	Texas-New Mexico Pip	e Line Co.	P. O. Box 1510, Midl	and, Texas 79701	
ŀ	Name of Authorized Transporter of Cas		Address (Give address to which app P. O. Box 1589, Tuls	proved copy of this form is to be sent)	
į	Warren Petroleum Co.	Unit Sec. Twp. Ege.		When	
	If well produces oil or liquids, give location of tanks.	F 30 22S 38E	Yes	1-27-72	
į	·	1	give commingling order number:	`	
iv :	If this production is commingled will COMPLETION DATA	th that from any other lease or pool, i			
`		Oli Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res	
	Designate Type of Completic	1 - /	Total Depth	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod. 2-1-72	7387	7027	
	12-22-71	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.) GL 3329 KB 3338	Drinkard	6280	6414	
	Perforations	Di Hikara	1	Depth Casing Shoe	
				7116	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	17 1/2"	15 "	30'	2 cu. yds.	
]]"	8 5/8 "	1160 ' 7116 '	410 sx. 400 sx.	
	7 7/8 "	4 1/2 "	6414	400 37.	
	4 1/2 "	OR ALLOWARIE (Test must be as	fier recovery of total volume of load	oil and must be equal to or exceed top all	
V.	TEST DATA AND REQUEST F	able for this de			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)	
	A A Track	Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test	I uping Present			
	Actual Prod. During Test	Otl-Bbis.	Water-Bbls.	Gas - MCF	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
				Chaha Sira	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
			OH CONSES	OIL CONSERVATION COMMISSION	
VI.	1. CERTIFICATE OF COMPENANCE		A 4072		
		completions of the Oil Conservation	APPROVED APR	•	
	I hereby certify that the rules and Commission have been complied	regulations of the Oil Conservation with and that the information gives	Orig. Signed by		
	and the second of the second o	- t - t - f - t - f - t - f - t - f - f			

VI.

above is true and complete to the best of my knowledge and

Markon		
1	(Signature)	
Superintendent		
	(Title)	

(Date)

April 4, 1972

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.

Dist. I, Supv.

All sections of this form must be filled out completely for allow-able 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.

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OIL CONSERVATION COMM.