DISTRIBUTION	5
ANTA FE	1
ILE	1
.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL	
TRANSPORTER GAS	
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMIS N

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED

SEP 18 1974

O. C. C.
ARTESIA, OFFICE

I.

Operator
COQUINA OIL CORPORATION

Address
200 Bldg. of the Southwest, Midland, Texas 79701

Reason(s) for filing *(Check proper box)*

New Well	X	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

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Exxon Federal	1	Wildcat Morrow	~~State~~ Federal or Fee	NM 9208

Location

Unit Letter D : 660 Feet From The N Line and 660 Feet From The W

Line of Section 12 Township 10S Range 29E , NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ~~or Condensate~~ X	Address *(Give address to which approved copy of this form is to be sent)*
Basin Inc.	511 W. Ohio, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ~~or Dry Gas~~ X	Address *(Give address to which approved copy of this form is to be sent)*
El Paso Natural Gas Co.	Box 1492 El Paso, Texas 79978

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	12	10	29	~~No~~ Yes	~~9-18-74~~ 10-1-74

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-31-73	10-4-73	9420	9310
Elevations *(DF, RKB, RT, GR, etc.,*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
G.L. 3988	Morrow	9174	9131.37
Perforations			**Depth Casing Shoe**
9174-9202			9425

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	400	400
12 1/4	8 5/8	2885	300
7 7/8	4 1/2	9425	650

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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
1466	24	17.6	58°
Testing Method *(pitot, back pr.)*	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	2025	Pkr.	18/64

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.

(Signature)

Superintendent
(Title)

September 17, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 9 1974, 19

BY L. C. Grissett

TITLE OIL AND GAS INSPECTOR

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