

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

Form C-104
Revised 10-1-78

NOV 26 1980

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SALE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	1
OIL	1
GAS	
OPERATOR	1
PRODUCTION OFFICE	

Coronado Exploration Corp. ✓

Address
1005 Marquette NW Albuquerque, New Mexico 87102

Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)
New Well <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>		

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Whitney	Well No. 1	Pool Name, including Formation Wildcat San Andres	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter I, 1980 Feet From The South Line and 660 Feet From The East				
Line of Section 34 Township 10S Range 27E, NMPM, Chaves 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"/> Summa Energy Co.	Address (Give address to which approved copy of this form is to be sent) 1001 8th St., Levelland, TX 79336
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NA	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
I 34 10S 27E	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Resv. <input type="checkbox"/>	Dr. Resv. <input type="checkbox"/>
Date Spudded 03-29-80	Date Compl. Ready to Prod. 05-13-80	Total Depth 2100'		P.B.T.D. NA				
Elevations (DF, RKB, RT, GR, etc.) 3775.8 Gr.	Name of Producing Formation San Andres	Top Oil/Gas Pay 2079'		Tubing Depth 2079'				
Perforations None			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8 5/8"	412'	200 Class "C" 2% CaCl
8"	7"	2079'	140 Self-Stress

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 05-13-80	Date of Test 05-13-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 6 hrs.	Tubing Pressure NA	Casing Pressure Unknown	Choke Size 1/4"
Actual Prod. during Test 70 bbls	Oil - Bbls. 56 Bbls.	Water - Bbls. 14 Bbls.	Gas - MCF None Recordable

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

Posted ID-3
Aug. transp.
12-5-80

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Phil Gurneels
(Signature)
Production Secretary
(Title)
November 25, 1980
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 2 1980
BY *W.A. Gressitt*
TITLE SUPERVISOR, DISTRICT II

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.