FN					Form C-104 Revised 10-1-78	
	6ANTA FE 1 FILF 1 U.B.Q.B.		W MEXICO 87501			
	LAND OFFICE TRANSPORTER OIL OR OPERATOR		R ALLOWABLE ND PORT OIL AND NATURAL GA	3FC5.VED		
. 1.	Operator			•	30	
	Coronado Explorati					
	1005 Marquette NW Reason(s) for filing (Check proper box	Albuquerque, NM	0ther (Please explain		E	
•	New Well X Recompletion Change in Ownership	Change in Transporter of: Cil Dry Ga Casinghead Gas Conder				
	If change of ownership give name and address of previous owner			· · · · · · · · · · · · · · · · · · ·		
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F 1 Ugat. L.E. Ranc		Lease Federal or Fee Fee	Lease No.	
, !	Mabel	60	· · ·		-ł	
•	Unit Letter A : 196	DFeet From TheNorth_Lin		From The East		
	Line of Section 30 Tov	mship 10S Range	28Е , ммрм, (Chaves	County	
9 -111 .	I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil A or Condensate Navajo Crude Oil Purchasing Company Address (Give address to which approved copy of this form is to be N. Freeman, Artesia, NM 88210 c/o Jim					
	Name of Authorized Transporter of Cas NA	inghead Gas 📄 or Dry Gas 🗌	Address (Give address to which approved copy of this form is to be sent) NA			
·	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. A 30 105 28E	Is gas actually connected? When NO t			
	If this production is commingled with that from any other lease or pool, give commingling order number:					
	COMPLETION DATA Designate Type of Completio	Oil Well Gas Well	New Well Workover Deep	en [†] Plug Back [†] Same Res	'v. Diff. Res'v.	
	Designate Type of Completion	n - (X) X Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	1	
ž-	05-03-80 Elevations (DF, RKB, RT, GR, etc.)	06-20-80 Name of Producing Formation	2214' Top Oil/Gas Pay	NA Tubing Depth		
	3744.0 Gr	San Andres	2195'	2200'	2200 ' Depth Casing Shoe	
4	Open Hole 2195'-2	2214'		2195'		
			DEPTH SET	SACKS CEM	ENT	
1	HOLE SIZE	CASING & TUBING SIZE	330'	150 sx. 2% (
	8"	4 1/2"	2195'	250 sx. self	stress	
F		2 2/8"	2200'	·····		
Įv.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of loa pth or be for full 24 hours)	id oil and must be equal to or e	xceed top allow	
÷-	Date First New Oll Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) 06-20-80 06-30-80 Pumping				$\overline{\langle v \rangle}$	
\$ 7	l ength of Test	Tubing Pressure	Casing Pressure	Choke Size	$+ \lambda +$	
*	24 hours	NA 011-Bbis.	NA Wate: - Bble.		102 ×	
Č	Actual Prod. During Test 45 bbls	45	Negligible	Negligible Pos	2005	
				1.	UT NIO	
ł	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	NA Teeling Method (pitol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	CERTIFICATE OF COMPLIANC	: <u>····</u> :E	OIL CONSEF	AVATION DIVISION		
2			APPROVED JUL 111980			
1	I hereby certify that the rules and r Division have been complied with above is true and complete to the	and that the information given	BY_W. a. Aressit			
	CORONATIO AXPLORA		TITLE SUPERVISOR,	DISTRICT R	<u></u>	
	BY: H	Providence	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened			
	BY: Amela Daca (Signature)		If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULS 111.			
••	Production Secretary (Tule)		All sections of this form must be filled out completely for allow-			
	07-07-80		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.			
1	(Date)			must be filed for each po		