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# NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)  
Revised 7/1/57

Santa Fe, New Mexico

## REQUEST FOR (OIL) - (GAS) ALLOWABLE

JUL 30 1962

New Well  
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Abilene, Texas

7/18/62

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Coastal States Gas Producing Co Smith-State

Well No. 1, in NE 1/4 NE 1/4

(Company or Operator)

(Lease)

A Sec. 4 T. -18-S R. -28-E NMPM, Artesia - Pool

Unit Letter

Eddy

Re-entered 6/16/62 Date Drilling Completed 6/17/62  
County Date Spudded 3660 GL Total Depth 2307' PBTD 2275'

Please indicate location:

D	C	B	A
			X
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay 2230' Name of Prod. Form. Premier

PRODUCING INTERVAL -

2231 - 38'

Perforations

Open Hole None Depth 2306' Casing Shoe 2250'

OIL WELL TEST -

Natural Prod. Test: None bbls. oil, bbls water in hrs, min. Choke Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 10 bbls. oil, 8 bbls water in 24 hrs, 0 min. Choke 1"

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil and sand): Frac - 21,000 gal water, 20,000# 20-40&10,000#10-20 sand.

Casing Press. 250 Tubing Press. 10 Date first new oil run to tanks 6/21/62

Oil Transporter None

Gas Transporter None

Remarks: Well on pump.

RECEIVED  
JUL 25 1962  
D. C. E.  
ARTESIA, OFFICE

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved 7/23/62, 19

Coastal States Gas Producing Co.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: C. J. Kimball III

(Signature)

District Engineer

Title: Send Communications regarding well to:

Name: Coastal States Gas Producing Co.

Address: P. O. Box 385, Abilene, Texas

By: M. L. Armstrong

Title: OIL AND GAS INSPECTOR

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**NEW MEXICO OIL CONSERVATION COMMISSION**  
**SANTA FE, NEW MEXICO**  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION**  
**TO TRANSPORT OIL AND NATURAL GAS**

**FORM C-110**  
 (Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>Coastal States Gas Producing Company</b>				Lease <b>Smith-State</b>		Well No. <b>1</b>	
Unit Letter <b>A</b>	Section <b>4</b>	Township <b>18-S</b>	Range <b>28-E</b>	County <b>Eddy</b>			
Pool <b>Artesia</b>				Kind of Lease (State, Fed, Fee) <b>State</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>A</b>	Section <b>4</b>	Township <b>18-S</b>	Range <b>28-E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>  <b>The Permian Corporation</b>				Address (give address to which approved copy of this form is to be sent)  <b>P. O. Box 3119 Midland, Texas</b>			
Is Gas Actually Connected? Yes _____ No <input checked="" type="checkbox"/> _____							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>			Date Connected	Address (give address to which approved copy of this form is to be sent)			

If gas is not being sold, give reasons and also explain its present disposition:

**Flared - no market.**

**REASON(S) FOR FILING (please check proper box)**

New Well ..... ☒  
 Change in Transporter (check one)  
 Oil ..... ☐ Dry Gas ..... ☐  
 Casing head gas . ☐ Condensate.. ☐

Change in Ownership ..... ☐  
 Other (explain below)

**RECEIVED**

**JUL 24 1962**

**D. C. D.  
ARTESIA OFFICE**

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 25th day of July, 1962.

OIL CONSERVATION COMMISSION		By <b>C. J. Kimball</b>
Approved by <b>M. L. Armstrong</b>		Title <b>District Engineer</b>
Title <b>OIL AND GAS INSPECTOR</b>		Company <b>Coastal States Gas Producing Company</b>
Date <b>JUL 25 1962</b>		Address <b>P. O. Box 385, Abilene, Texas</b>