

DISTRIBUTION			
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FILE			✓
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Oils C-101 and C-111
Effective 1-1-65

RECEIVED

APR 17 1974

Operator		D. C. C.	
Coquina Oil Corporation		ARTESIA, OFFICE	
Address			
200 Bldg. of the Southwest, Midland, Texas 79701			
Reason(s) for filing (Check proper box)			
New Well	☐	Change in Transporter of:	Other (Please explain)
Recompletion	☐	Oil	☐
Change in Ownership	☐	Condensate Gas	☐
		Dry Gas	☐
		Gas	☒

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Port of Well, including formation	Kind of Lease	Lease No.
Five Mile	1	West Atoka - Cisco Gas	State, Federal or Free Federal	NM-11323
Location				
Unit Letter	H	1980	Feet From The North Line and	660
Line of Section		14	Township	18-S
			Range	25-E
			County	Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	☐	or Condensate	☒	Address (Give address to which approved copy of this form is to be sent)
Summit Gas Company				405 United Gas Bldg., Houston, Texas 77002
Name of Authorized Transporter of Casinghead Gas	☐	or Dry Gas	☒	Address (Give address to which approved copy of this form is to be sent)
Natural Gas Pipe Line Company				P. O. Box 283, Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range.
	H	14	18-S	25-E
				Yes
				9-1-73

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	Drill Back	Shut-In	Shut-In
Date Spudded	Date Compl. Ready to Prod.	Total Depth		Feet					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Feet					
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 to, allowable for this depth or be for full 24 hours.)

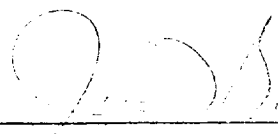
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Cable Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Bbls.

GAS WELL

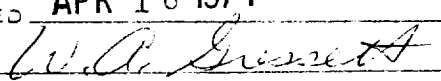
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Cable Size

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.


(John T. Berry)
Superintendent
April 16, 1974

OIL CONSERVATION COMMISSION

APPROVED APR 18 1974
BY 
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 O-104 must be filed for each well in multiple.