

DISTRIBUTION			
ANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR			
PRORATION OFFICE			

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

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-73

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)		Other (Please explain)	
New Well	☐	Change in Transporter's Oil	☐
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casualty Gas	☐
		Other Gas	☒

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Well Name, Including Information	Kind of Lease	Lease No.
Clancy Com.	1	West Atoka - Cisco Gas	State, Federal, or Fee	
Location				
Unit Letter	0	660 Feet From The	South	1980 Feet From The
			East	
Line of Section	11	Township	18-S	Range
			25-E	NEEM, Eddy
				County

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 Casualty 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.
	0	11
	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	Flow Back	Flow Rest'v.	Drill. Rest'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		FEET			
Elevations (DF, RKB, RT, CR, etc.)	Name of Spacing Permittee		Top Oil/Gas Pay		Tubing Depth			
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 top 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	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
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke 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.

OIL CONSERVATION COMMISSION

APR 18 1974

APPROVED _____, 19

BY W. A. Gussert

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 multiple

(John T. Berry)

Superintendent

April 16, 1974

(Date)