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

Form C-104
Supersedes Old C-104 and C-1;
Effective 1-1-65

FEB 14 1974

I.

Operator		Coquina Oil Corporation		O. C. C.	
Address		ARTESTA, OFFICE			
200 Bldg. of Southwest, Midland, Texas		79701			
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:			
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>
If change of ownership give name and address of previous owner					
None					

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Superior-Federal	Well No. and Name, including Formation	1 W Atoka, Morrow, West (Gas)	Kind of Lease	State, Federal or Fee	Federal	Lease No.	0214624
Location								
Unit Letter	G	1980	Feet From The	N	Line and	1980	Feet From The	E
Line of Section	1	Township	18-S	Range	25-E	NMPM,	Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
The Permian Corporation				P. O. Box 1183, Houston, Texas 77001		
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Natural Gas Pipeline Co.				122 S. Michigan, Chicago, Illinois 60603		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	1	18S	25E	Yes	1-22-74

If this production is commingled with that from any other lease or pool, give commingling order number: None

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X						
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
6-26-73	8-7-73		8700'			8648'		
Elevations (DB, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
G.L. 3437	Morrow		8345 8430			8445		
Perforations						Depth Casing Shoe		
8430-40; 8442-45						8688		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	501	500
12 1/4	8 5/8	1306	600
7 7/8	4 1/2	8688	350
		238'	8445 8430 8388

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
3259	2 hrs.	2	550
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back pressure	2612 psi	packer	19/64

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.

(Signature) (J.T. Berry)
Superintendent
February 13, 1974
(Title)
(Date)

OIL CONSERVATION COMMISSION
FEB 22 1974
APPROVED
BY W. L. Givens
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.