

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

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

Form O-104
Supersedes OIL C-104 and C-11
Effective 1-1-65

RECEIVED

APR 17 1974

1.

Operator	Coquina Oil Corporation
Address	200 Bldg. of the Southwest, Midland, Texas 79701
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well	Change in Transporter
Recompletion	Oil
Change in Ownership	Commingled Gas

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

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

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	Summit Gas Company	Address (Give address to which approved copy of this form is to be sent)	405 United Gas Bldg., Houston, Texas 77002			
Name of Authorized Transporter of Gas/Steam/Gas	Natural Gas Pipeline Company	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 283, Houston, Texas 77001			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 1	Twp. 18-S	Range 25-E	Yes	1-22-74

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	Refracture	Side Drilling	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top of Gas Pay						
Perforations								
TUBING, CASING, AND CEMENTING REPORT								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of road oil and must be equal to or exceed ton 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 - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Grav. Sp. 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.

(Signature) (John T. Berry)
Superintendent
(Title)
April 16, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 18 1974
BY

TITLE - OIL AND GAS INSPECTOR
This form is to be filed in accordance with RULE 1104.
If this is a request for allowable on 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 pool in multiple