

| | |
|--------------|----------------|
| DISTRIBUTION | 5 |
| ANTA FE | 1 |
| ILE | 1 |
| IS.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL 1 GAS 1 |
| OPERATOR | 1 |

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104

Revised 1-1-74

Effective 1-1-74

RECEIVED

SEP 26 1979

O. C. C.
ARTESIA, OFFICE1. OPERATOR
Coquina Oil CorporationAddress
P. O. Drawer 2960, Midland, Texas 79702

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well

Change in Transporter or:

Recompletion

Oil

Dry Gas

Change in Ownership

Casinghead Gas

Condensate

Effective 10/1/79

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|------------|-----------------|--------------------------------|-----------------------|---------------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| Bass State | 1 | North Burton (Penn) | State, Federal or Fee | K-6774 |
| Location | Unit Letter | E | 1880 | Feet From The |
| | | North | Line and | 660 |
| | | | Feet From The | West |
| | Line of Section | 32 | Township | 19-S |
| | | | Range | 29-E |
| | | | NMPM, | Eddy |
| | | | | Coun |

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) |
| Navajo Crude Oil Purchasing Company | X | P.O. Box 159 Artesia, New Mexico 88210 |
| Name of Authorized Transporter of Casinghead Gas | or Dry Gas | Address (Give address to which approved copy of this form is to be sent) |
| El Paso Natural Gas Pipeline | X | P.O. Box 1492 El Paso, Texas 79978 |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | E | 32 |
| | Twp. | 19-S |
| | Range | 29-E |
| | Is gas actually connected? | When |
| | Yes | 6/7/77 |

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 | Plug Back | Same Restv. | Diff. Re |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | 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.) | Choke Size |
| Length of Test | Testing Pressure | Casing Pressure | |
| 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 (pilot, back pr.) | Testing 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.

J. B. Taylor
Vice President

September 24, 1979

OIL CONSERVATION COMMISSION

SEP 28 1979

APPROVED

BY W. A. Gressett
SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms O-104 must be filed for each pool in multi-