



## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	✓
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LAND OFFICE	
TRANSPORTER	✓
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Operator  
Coquina Oil Corporation ✓  
Address  
P.O. Box 2960 Midland, Texas 79702

Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)  
CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 5-9-84  
UNLESS AN EXCEPTION FROM  
THE B. L. M. IS OBTAINED

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Pan Canadian A	Well No. 2	Pool Name, Including Formation Seven Rivers (Yeso)	Kind of Lease State, Federal or Fee Federal	Lease No. NM0504364E
Location Unit Letter <u>H</u> : <u>660</u> Feet From The <u>East</u> Line and <u>1980</u> Feet From The <u>North</u> Line of Section <u>34</u> Township <u>195</u> Range <u>25E</u> , NMPM, <u>Eddy</u> County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company Of Texas, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558 Breckenridge, Texas 76024
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <u>F</u> Sec. <u>34</u> Twp. <u>195</u> Rge. <u>25E</u> Is gas actually connected? <u>No</u> When <u>When market is available</u>

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Rest. <input type="checkbox"/> Drill, Re-drill <input type="checkbox"/>	
Date Spudded 12-31-83	Date Compl. Ready to Prod. 3-13-84	Total Depth 2703	P.E.T.D. 2655
Elevations (DF, RKB, RT, GR, etc.) GL 3517 KB 3526	Name of Producing Formation Yeso	Top Oil/Gas Pay 2591	Tubing Depth 2571
Perforations 2591-2642			Depth Casing Shoe 2701
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	1249	600 sx
7 7/8	5 1/2	2701	200 sx
5 1/2	2 3/8	2571	N/A

## 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 3-13-84	Date of Test 3-14-84	Producing Method (Flow, pump, gas lift, etc.) Flowing	Post TD 2 4-13-84 Camp + BK	
Length of Test 24 hrs.	Tubing Pressure 150	Casing Pressure 600		Choke Size 10/64
Actual Prod. During Test	Oil-Bbls. 42 84	Water-Bbls. 6		Gas-MCF 42

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 Division 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  
(Signature)  
Superintendent

(Date)

3-21-84

(Date)

## OIL CONSERVATION DIVISION

APR 09 1984

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Original Signed By  
Leslie A. ClementsTITLE Supervisor District II

This form is to be filed in compliance with RULE 111.

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 conditions.

Separate Form O-104 must be filed for each pool in multiple.



COQUINA OIL CORPORATION  
P. O. DRAWER 2960  
MIDLAND, TEXAS 79702

(915) 682-6271

TABULATION OF DEVIATION TESTS

<u>Deviation</u>	<u>Depth</u>
3/4°	505'
1/2°	1253'
3/4°	1820'
1°	2416'
1°	2700'

THE STATE OF Texas §  
COUNTY OF Midland §

BEFORE ME, the undersigned authority, on this day personally appeared James B. Taylor known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this 21st day of March, 1984

My Commission Expires:

7-29-87

J. Ann Cambron  
Notary Public in and for  
Midland County, Texas