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TRANSPORTER	OIL		
	GAS	<u> </u>	
OPERATOR		1	-
PROBATION OFFICE			İ

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110

Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS . RECEIVED NOV - 8 1973 I. Operator a, c, c. Coquina Oil Corporation ARTEMA, OFFICE Address 200 Bldg. of Southwest, Midland, Texas
Reason(s) for filing (Check proper box) 7970] Other (Please explain) Change in Transporter of: New Well Dry Gas 0.1 Recompletion Condensate [Casinahead Gas Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Lease No. ell No., Pool Name, Including Formation K-3977 State, Federal or Fee State Burton Flat (Morrow) Yates-State Location Feet From The West Line and 1980 1980 Feet From The_ Unit Letter County , NMPM, Eddv 27-E Rance 21-S Line of Section 10 Township II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil P. O. Box 1183, Houston, Texas 77001

Address (Give address to which approved copy of this form is to be sent) The Permian Corporation Address (Give address to Name of Authorized Transporter of Casinghead Gas 🗀 💎 or Dry Gas 🏋 79978 P. O. Box 1492, El Paro, Texas El Paso Natural Gas Co. 11-8-73 is gas actually connected Twp. Sec. Unit if well produces oil or liquids, 11-7-73 <u>: 27-</u>E HO-YES 21-5 10 If this production is commingled with that from any other lease or pool, give commingling order number: MC-2060 Same Res'v. Diff. Res'v. Plug Back V. COMPLETION DATA Designate Type of Completion - (X) P.B.T.D. al Depth Date Compl. Ready to Prod. Date Spudded 11,604 11,614 8-1-73 4-27-73 Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 11,513 11,454 G.L. 3259, K.B. 3275 Morrow Depth Casing Shoe 11,614 11,454-490, 11,505-513 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 660 611 7/2" 13 3/8" 2970 1325 9 5/8 12 1/4" 550 11614 8 3/4" 11513 Wphe1/403 2 7/8" 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) Producing Method (Flow, pump, gas lift, etc.) Date First New Cil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Oll - Bbls. Actual Prod. During Test Gravity of Condensate GAS WELL
Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Length of Test None Casing Pressure (Shut-in) 8 hrs.
Tubing Pressure (Shut-in) 17,621 Choke Size Testing Method (pitot, back pr.) 6/64;9/64;1<u>7/64;21/64</u> Dual 3764 Prover OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED <u>NOV</u> 1 2 1973 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.

	•
A Planten	
7 1000	Signature)
Vice President	
	(Title)
November 7, 1973	(D)

(Date)

TITLE THE 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 multiply completed wells.