DISTRIBUTION	6
SANTA FE	
FILE	/
U.S.G.S.	/
LAND OFFICE	
TRANSPORTER OIL	/
TRANSPORTER GAS	1/
OPERATOR	/
PRORATION OFFICE	

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

Form C-104
Supersedes Old C-104 and
Effective

RECEIVED
SEP 26 1979
O. C. C.
ARTESIA, OFFICE

I.
Operator
Coquina Oil Corporation

Address
P. O. Drawer 2960, Midland, Texas 79702

Reason(s) for filing (Check proper box)
New Well
Recompletion
Change in Ownership
Change in Transporter of:
Oil
Casinghead Gas
Dry Gas
Condensate X
Other (Please explain)
Effective 10/1/79

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Yates State
Well No., Pool Name, Including Formation: 1 Burton Flat (Morrow)
Kind of Lease: State, Federal or Fee: State
Lease No.: K-3977

Location
Unit Letter K ; 1980 Feet From The West Line and 1980 Feet From The South
Line of Section 10 Township 21-S Range 27-E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate X
Navajo Crude Oil Purchasing Company
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 159 Artesia, New Mexico 88210

Name of Authorized Transporter of Casinghead Gas or Dry Gas X
Transwestern Pipeline Co.
El Paso Natural Gas Company
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 2521, Houston, Texas 77001
P.O. Box 1492 El Paso, Texas 79978

If well produces oil or liquids, give location of tanks.
Unit K Sec. 10 Twp. 21-S Rge. 27-E
Is gas actually connected? Yes
When 4-15-75-TWPC
11/8/73-EPNG

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 Res'v.	Diff. Res'v.

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
(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)

OIL WELL

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
Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[signature]
(Signature)
Vice President
(Title)
September 24, 1979
(Date)

OIL CONSERVATION COMMISSION
APPROVED SEP 28 1979, 19
BY [signature] W. A. Gressett
TITLE 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 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.