

DISTRIBUTION
ANTAFE 1
FILE 1
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL 1 GAS 1
OPERATOR 1
PROCRATION OFFICE

1. Operator
Coquina Oil Corporation
Address
P. O. Drawer 2960, Midland, Texas 79702
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transportation ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Condensate Gas ☐ Condensate ☒
If change of ownership give name and address of previous owner

Other (Please explain)
10/1/79

II. DESCRIPTION OF WELL AND LEASE

Lease Name
Yates State
Well No. 1
Burton Flat (Strawn)
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 ☒
Navajo Crude Oil Purchasing Co.
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 Gas, Heavy Gas ☐ or Dry Gas ☒
El Paso Natural Gas Co.
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1492, El Paso, TX. 79978
Transwestern Pipeline Co.
P. O. Box 2521, Houston, TX. 77001
If well produces oil or liquids, give location of tanks.
Unit K
Sec. 10
Twp. 21
Rge. 27
Is gas actually connected? Yes
When 11-8-73 - EPNG
4-15-75 - TWPC

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 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.)	
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.

J. B. Taylor
(Signature)
Vice President
(Title)
September 27, 1979
(Date)

OIL CONSERVATION COMMISSION
SEP 28 1979
APPROVED _____, 19
BY W. A. Gessett
SUPERVISOR, DISTRICT II
TITLE _____
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 multiple