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OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PROMOTION OFFICE	

**REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

RECEIVED

JUL 13 '88

O. C. D.
ARTESIA OFFICE

I. OPERATOR
Operator Coquina Oil Corp.
Address P.O. Box 27725 Houston, TX 77227-7725

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)
 Effective 7/1/88

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Yates State</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Burton Flats - Morrow</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>K-3977</u>
Location <u>STRAWN</u>				
Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>South</u>				
Line of Section <u>10</u> Township <u>21S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Enron Oil Trading & Transportation Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1188 Houston, TX 77251-1188</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1492 El Paso, TX 79978</u>
<u>Transwestern Pipeline Co.</u>	<u>P.O. Box 2521 Houston, TX 77001</u>
If well produces oil or liquids, give location of tanks.	Is gas actually collected? <u>Yes</u> Date <u>Nov 8, 1973</u> EPNG <u>April 15, 1975</u> 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 <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
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				
				<u>Post ID-3</u>				
				<u>7-29-88</u>				
				<u>sky LR: TCO</u>				

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 (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.

Sandra Yee
(Signature)
Production Clerk
(Title)
July 5, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 22 1988, 19
BY Original Signed By
Mike Williams
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 multiply completed wells.

9-5/8" @ 2970'
7" @ 11600'
SITP 11600'
SITP 11600'

ANPC/COQUINA: YATES STATE #1, Eddy County, New Mexico,
Burton Flat Field, Recompletion to 11300' Morrow SD.
ANPC/Coquina WI = .44057, AFE #88-W-08, \$68,500.

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9-24-88

SITP 2800 psi, SICP 2800 psi

9-25-88

SITP 2840 psi, SICP 2800 psi

9-26-88

SITP 2800 psi, SICP 2800 psi

9-30-88

Operations suspended while studying possible stimulation;
will drop from report until further notice.

ILLEGIBLE

PPL101/2-10