

DISTRIBUTION	
ANTA FE	1
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S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	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 C-11
Effective 1-1-65

MAR -7 1974

I. Operator **Coquina Oil Corporation** **ARTESIA, OFFICE**

Address
200 Bldg. of Southwest, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Testing Purposes
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	5000 bbl testing allowable
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner: --

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Und. Burton Flat (Wolfcamp)	Kind of Lease	State	Lease No.
J. M. State Com.		State, Federal or Fee		K-6503
Location				
Unit Letter	K	1980 Feet From The	W	Line and 1980 Feet From The S
Line of Section	11	Township	21-S	Range 27-E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas	<input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	K 11 21-S 27-E	Is gas actually connected? When
		No yes Unknown 3-12-74

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.
		X	X					
Date Spudded	Date Comp. Ready to prod.	Total Depth	P.B.T.D.					
9-25-73		11,658'	11,645 (est.)					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
G.L. 3245'	Wolfcamp		9860'					
Perforations	Depth Casing Shoe							
9648-9704'								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	618	700
12 1/4	9 5/8	3035	1300
8 3/4	7 5/8"	9860	350 TOC 8180
6 1/2"	4 1/2" liner	9696-11658	225

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)

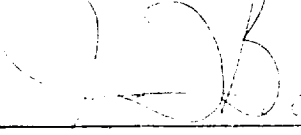
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
N/A at this time			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
N/A at this time			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

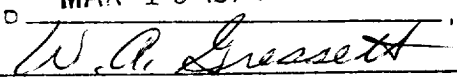
VI. CERTIFICATE OF COMPLIANCE

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.T. Berry)
Superintendent
March 6, 1974

OIL CONSERVATION COMMISSION

MAR 15 1974

APPROVED  19
BY **OIL AND GAS INSPECTOR**
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.