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TRANSPORTER OIL		
TRANSPORTER GAS		
OPERATOR	1	
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-110
Effective 1-1-65

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O. C. C.
ARTESIA, OFFICE

I. Operator: Coquina Oil Corporation

Address: 200 Building of the Southwest, Midland, Texas 79701

Reason(s) for Filing (Check proper box): New Well XX; Recompletion; Change in Ownership; Change in Transporter of: Oil; Dry Gas XX; Casinghead Gas; Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
J. M. State Com	1	Burton Flat (Strawn	State, Federal or Fee State	K-6503

Location: Unit Letter K; 1980 Feet From The S Line and 1980 Feet From The W

Line of Section 11 Township 21S Range 27E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate XX: Summit Gas Company
Address (Give address to which approved copy of this form is to be sent): 405 United Gas Building, Houston, Tex. 77002

Name of Authorized Transporter of Casinghead Gas or Dry Gas X: 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, Tex. 79978

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	11	21S	27E	Yes	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 Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-25-73	8-9-74	11,658	11,500
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
G.L. 3245'	Strawn	10,370	9,647
Perforations			**Depth Casing Shoe**
10,376'-10,385' 2 JSPF			11658

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
6 1/2	4 1/2	11658	225

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
89.16	1	tested dry	---
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Press	1850	Pkr	18/64

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)
(Signature)
Superintendent
(Title)
8-15-74
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 29 1974, 19

BY W. A. Gressett

TITLE OIL 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.