

DISTRIBUTION	
ANTA FE	/
ILE	/
S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
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-1  
Effective 1-1-65

RECEIVED

FEB 21 1979

I.

Operator	Coquina Oil Corporation
Address	P. O. Drawer 2960, Midland, Texas 79702
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well	Change in Transporter of:
Recompletion	Oil
Change in Ownership	Casinghead Gas
	Dry Gas
	Condensate

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.
Arco Federal	1 Avalon - Atoka	State, Federal or Fee Federal	0490017
Location	Unit Letter	1980	Feet From The
	G	North	Line and
		1980	Feet From The
		East	
Line of Section	8	Township	21-S
		Range	26-E
		NMPM,	Eddy
			County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
None	X	
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Natural Gas Pipeline Co. of America	X	P. O. Box 283, Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Unit	Sec.
		Twp.
		Rge.
		Is Gas actually connected?
		When
		Yes
		2-2-79
		September 23, 1975

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		X
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12-1-79	2-2-79	11287	10,380					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3257 GL	Atoka	Gas 10,102'	10,015					
Perforations		Depth Casing Shoe						
10,102-109		11,047						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8" 48#	467'	1000 sx					
12-1/4"	8-5/8" 24#	2008'	950 sx					
7-7/8"	5-1/2" 17# & 23#	11,047'	375 sx					
"	2-3/8"	10,015' (packer)						

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
324 MCF	24 hours	-0-	-0-
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back pressure	530 psig	-0-	20/64"

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.

Ron Silbreath  
(Signature)

Production Manager

(Title)

February 20, 1979

(Date)

OIL CONSERVATION COMMISSION

FEB 22 1979

APPROVED \_\_\_\_\_, 19

BY W.A. Gressitt

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 multiple