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U.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-110
Effective 1-1-65

RECEIVED

Operator Coquina Oil Corporation ✓		JAN 10 1975	
Address 200 Bldg. of Southwest, Midland, Texas 79701		O. C. C. ARTESIA, DISTRICT	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead 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 Heyco State	Well No. 1	Pool Name, including Formation Golden Lane (Strawn)	Kind of Lease State, Federal or Fee State	Lease No. K-4278
Location				
Unit Letter E	1980	Feet From The N	Line and 660	Feet From The W
Line of Section 32	Township 20S	Range 30E	NMPM,	Eddy 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Summit Gas Co.	405 Entex Bldg., Houston, Texas 77002					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
N.A. - Negotiating						
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 32	Twp. 20S	Rge. 30E	Is gas actually connected? No.	When N. A.

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 8-24-74	Date Compl. Ready to Prod. 12-5-74	Total Depth 11,248	P.B.T.D. 11,226					
Elevations (DF, RKB, RT, GR, etc.) G.L. 3322'	Name of Producing Formation Strawn	Top Oil/Gas Pay 10,873	Tubing Depth 10,850					
Perforations 10,873-11,092'	Depth Casing Shoe 11,248							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
20"	16	434	350					
15"	11 3/4	1607	850					
11"	8 5/8	3903	950					
7 7/8"	4 1/2	11,248	400					

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

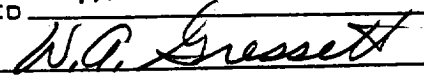
GAS WELL

Actual Prod. Test-MCF/D 2600	Length of Test 1 1/2 hrs.	Bbls. Condensate/MMCF 101.5	Gravity of Condensate 60°
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure (shut-in) 3242	Casing Pressure (shut-in) Packer	Choke Size 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)
January 9, 1975
(Date)

OIL CONSERVATION COMMISSION
AUG 4 1975
APPROVED _____, 19____
BY 
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.