

2
DISTRIBUTION
ANTARCTIC 1
FILE 1
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL 1
GAS 1
OPERATOR 1

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form O-104
Supersedes O-104 and
Effective 1-1-77

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

SEP 26 1979

O. C. C.
ARTESIA OFFICE

I. PRODUCTION OFFICE

Operator
Cocuina 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 ☐ Dry Gas ☐
Change in Ownership ☐ Gasline Gas ☐ Condensate ☒

Effective 10/1/79

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.
Heyco State	1 Golden Lane - Strawn (Gas)	State, Federal or Fee	K-4278
Location			
Unit Letter	E	1980 Feet From The North	Line and 660 Feet From The West
Line of Section	32	Township	20-S Range 30-E, NMPM, Eddy

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)				
Navajo Crude Oil Purchasing Company	<input checked="" type="checkbox"/>	P.O. Box 159 Artesia, New Mexico 88210				
Name of Authorized Transporter of Gasline Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
Natural Gas Pipeline Company of America	<input checked="" type="checkbox"/>	P.O. Box 283 Houston, Texas 77001				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range.	Is gas actually connected?	When
	E	32	20-S	30-E	Yes	7/24/75

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. Re
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			

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 all able 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

B. Taylor
(Signature)
Vice President

September 24, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 28 1979
BY W. A. Gussett
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 ownership, well name or number, or transporter, or other such change of condition.

Separate Forms O-104 must be filed for each pool in multiple