

DISTRIBUTION	
SANTA FE	
FILE	
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

MAY 9 1975

Operator MONSANTO COMPANY - PRODUCTION DEPT.		D. C. C. ARTESIA, OFFICE	
Address 321 West Texas, Midland, Texas 79701			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	This is temporary gas connection for rig fuel while drilling Monsanto's Coquina Federal Well No. 1.	
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 PECOS	Well No. 1	Pool Name, Including Formation <del>Willard</del> (Morrow)	Kind of Lease State, Federal or Fee Federal NM	Lease No. 0526982
Location Unit Letter <u>N</u> ; <u>1980</u> Feet From The <u>West</u> Line and <u>3300</u> Feet From The <u>South</u>				
Line of Section <u>5</u> Township <u>21S</u> Range <u>26E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
Monsanto Co. (Rig Fuel - Coquina-Fed. #1)	321 West Texas, Midland, Texas 79701	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? <u>Yes</u> When <u>3/25/75</u>	

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 4/28/74	Date Compl. Ready to Prod. 6/27/74		Total Depth 10,875		P.B.T.D. 10,820			
Elevations (DF, RKB, RT, GR, etc.) 3205 Gr.	Name of Producing Formation Morrow		Top Oil/Gas Pay 10,664		Tubing Depth 10,446			
Perforations 10,664-74; 10,696-10,710.					Depth Casing Shoe 10,875			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		500		600			
12 1/4"	9 5/8"		2030		1000			
8 3/4"	5 1/2"		10,875		800			
5 1/2"	2 7/8"		10,436					

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 453 (AOF 4256MCF)	Length of Test 4 Hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate None
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2667-1208	Casing Pressure (Shut-in) Pkr.	Choke Size 10 - 24/64"

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.

W. Scholl  
(Signature)  
Regional Production Manager  
(Title)  
May 8, 1975  
(Date)

OIL CONSERVATION COMMISSION  
MAY 9 1975  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
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 owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.