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TRANSPORTER	OIL / GAS /
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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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JAN 12 1978

I. Operator **MONSANTO COMPANY**

Address **1330 Midland National Bank Tower, Midland, Texas 79701**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name COQUINA FEDERAL COM.	Well No. 1	Pool Name, including Formation AVALON - STRAWN	Kind of Lease State, Federal or FFP	Lease No. NM 0400512A
Location Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East Line of Section 31 Township 20S Range 27E , 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"/> THE PERMIAN CORP.	Address (Give address to which approved copy of this form is to be sent) PO Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Coquina Oil Company	Address (Give address to which approved copy of this form is to be sent) PO Drawer 2960, Midland, Texas 79702
If well produces oil or liquids, give location of tanks. Unit J Sec. 31 Twp. 20S Rge. 27E	Is gas actually connected? Yes When 1-6-78 6/28/77

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well <input checked="" type="checkbox"/>	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-12-30-77 3/25/78	Date Compl. Ready to Prod. 5/30/78	1-6-78	Total Depth 10,780'			P.B.T.D. 10,610'		
Elevations (DF, RKB, RT, GR, etc.) 3243 RKB	Name of Producing Formation Strawn		Top Oil/Gas Pay 9282 8743			Tubing Depth 9173		
Perforations 9408-15 15 holes 9326-30 9 holes	9282-87 11 holes					Depth Casing Shoe 10,780		

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"	2080'	950
8 1/2"	5 1/2"	10,780'	1000
5 1/2"	2 3/8"	9173	

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 365 MCF	Length of Test 24 Hrs.	Bbls. Condensate/MMCF 10	Gravity of Condensate 58.0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 3050	Casing Pressure (shut-in) Pkr.	Choke Size 1/2"

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.

Regional Production Manager
1/9/78

OIL CONSERVATION COMMISSION
APPROVED **JAN 17 1978**
BY **W. A. Gussert**
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.