

DISTRIBUTION			
SANTA FE			
ILE			
S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
**RECEIVED**

Form C-104  
Supersedes Old C-104 and  
Effective 1-1-65

AUG 1 1975

**RECEIVED**  
JUL 31 1975  
U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

I. Operator: **Coquina Oil Corporation** **O. C. C.**  
Address: **ARTESIA, OFFICE**  
**P. O. Drawer 2960, Midland, TX. 79701**  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>AM Federal</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Avalon Morrow</b>	Kind of Lease State, Federal or Free <b>Federal</b>	Lease <b>0491036</b>
Location: Unit Letter <b>0</b> <b>660</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b> Line of Section <b>8</b> Township <b>21S</b> Range <b>26E</b> , NMPM, <b>Eddy</b> 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) <b>Miller Oil Purchasing Company</b> <b>P. O. Drawer 2419, Midland, TX. 79701</b>					
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) <b>Natural Gas Pipeline Co.</b> <b>P. O. Box 283, Houston, TX. 77001</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>0</b>	Sec. <b>8</b>	Twp. <b>21S</b>	Rge. <b>26E</b>	Is gas actually connected? <b>No yes</b>	When <b>August 15, 1975</b>

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.	Diff. Res.
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <b>4-28-75</b>	Date Compl. Ready to Prod. <b>6-20-75</b>	Total Depth <b>10,973</b>		P.B.T.D. <b>10,925'</b>					
Elevations (IDF, RKB, RT, GR, etc.) <b>3242'</b>	Name of Producing Formation <b>Morrow</b>	Top of Gas Pay <b>10,774</b>		Tubing Depth <b>10,834'</b>					
Perforations <b>10,774-10,788, 10,822-10,834</b>		Depth Casing Shoe <b>10,973</b>							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>17 1/2</b>	<b>13 3/8</b>	<b>502</b>	<b>650</b>
<b>12 1/4</b>	<b>8 5/8</b>	<b>2012</b>	<b>1535</b>
<b>7 7/8</b>	<b>5 1/2</b>	<b>10973</b>	<b>1140</b>
<b>2 3/8"</b>		<b>10834 w/ P.B. @ 10737</b>	

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)

Test Type: 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 <b>4124</b>	Length of Test <b>1</b>	Bbls. Condensate/MMCF <b>-0-</b>	Gravity of Condensate <b>NA</b>
Testing Method (pitot, back pr.) <b>Back pressure</b>	Tubing Pressure (Shut-in) <b>3501</b>	Casing Pressure (Shut-in) <b>Packer</b>	Choke Size <b>15/64</b>

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.

**D. C. Radtke** (D. C. Radtke)  
(Signature)  
Engineer  
(Title)  
July 30, 1975  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED **AUG 12 1975**, 19\_\_\_\_  
BY **W. A. Gressett**  
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 deviatoric 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.

OIL CONSERVATION COMMISSION

P. O. DRAWER DD

ARTESIA, NEW MEXICO 88210

RECEIVED

AUG 11 1975

O. C. C.  
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

Date August 8, 1975

This is to notify the Oil Conservation Commission that connection  
for the purchase of gas from the Coquina Oil Corporation  
Operator

A M Federal

Lease

# 1

Sec. 8, T21S, R26E

Well & Unit

S.T.R.

*Avalon*

~~Get Slow Draw Morrow~~  
Pool

Natural Gas Pipeline Co. of America  
Name of Purchaser

was made on August 7, 1975

Natural Gas Pipeline Co. of America  
Purchaser

*M. James McFarland*  
Representative

Measurement Engineer  
Title

cc: To operator  
Oil Conservation Commission - Santa Fe