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DISTRIBUTION  
ANTA FE  
ILE  
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-  
Effective 1-1-65

RECEIVED

JUL 24 1978

O.C.C.  
ARTESIA, OFFICE

I. Operator  
Coquina Oil Corporation  
Address  
P. O. Drawer 2960, Midland, Texas 79702  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter oil ☐ Other (Please explain)  
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  
AM Federal Com  
Well No. Pool Name, including Formation  
1 Avalon - Morrow  
Kind of Lease  
State, Federal or Fee Federal  
Lease No.  
0491036  
Location  
Unit Letter 0 660 Feet From The South Line and 1980 Feet From The East  
Line of Section 8 Township 21-S Range 26-E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate X  
Basin, Inc.  
Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 2297, Midland, Texas 79702  
Name of Authorized Transporter of Casinghead Gas or Dry Gas X  
Natural Gas Pipeline Co. of Am.  
Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 283 Houston TX 77001  
Gas Co. of New Mexico  
1st Interstate Bldg: 1201 Elm St. Dallas, TX  
If well produces oil or liquids, give location of tanks.  
0 8 21 26 YES 8-7-75 75270

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'ty. Diff. Res'ty  
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 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

J.B. Taylor (J. B. Taylor)  
Vice President  
July 21, 1978  
(Signature)  
(Title)  
(Date)

OIL CONSERVATION COMMISSION

JUL 25 1978

APPROVED  
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 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 multiple