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DISTRIBUTION
ANTA FE
FILE
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

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

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SEP 26 1979

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 of ☐
Recompletion ☐ Oil ☐ Dry Gas ☐ Effective 10-1-79
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. 1	Port Name, including Formation 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 <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico Natural Gas Pipeline Co. of America	Address (Give address to which approved copy of this form is to be sent) 1st International Bldg., 1201 Elm, Dallas, TX. P. O. Box 283, Houston, Texas 77001 75270					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 8	Twp. 21-S	Rge. 26-E	Is gas actually connected? Yes	When 8-7-75

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'tv.	Diff. Res'tv.
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)
(Signature)

Vice President

(Title)

September 24, 1979

(Date)

OIL CONSERVATION COMMISSION

SEP 28 1979

APPROVED _____, 19

BY W. A. Gressett
SUPERVISOR, DISTRICT II

TITLE

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

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D. C. C.
AMERICAN OFFICE