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DISTRIBUTION	
ANTA FE	
ILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROPRATION OFFICE	

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

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

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: Oil ☐ Gas ☒  
Recompletion ☐ Other (Please explain)  
Change in Ownership ☐ Effec 11/1/79

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	AM Federal Com	Section	1	Township	Avalon - Morrow	Kind of Lease	State, Federal or Free	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	NMCM	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"/>	Basin, Inc	Address (Give address to which approved copy of this form is to be sent)	P.O. Box 2297 Midland, Texas
Name of Authorized Transporter of Gas <input type="checkbox"/> or 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 752 P.O. Box 283 Houston, Tex 77001
If well produces oil or liquids, give location of tanks.	Unit 0 Sec. 8 Twp. 21-S Range 26-E	Is it 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 Resv.	Diff. Resv.
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.

OIL CONSERVATION COMMISSION

APPROVED OCT 3 1 1979  
BY W. A. Gressett  
TITLE SUPERVISOR, DISTRICT II

J. B. Taylor  
(Signature)

Vice President

(Title)

October 18, 1979

(Date)

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 Form O-104 must be filled for each pool in multiple