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Form C-104
Rev 10-1-78

RECEIVED
JUL 12 1982
O. C. D.
ARTESIA, OFFICE

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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	☐
Change in Ownership	☐	Casinghead Gas	☐	Condensate	☒

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
A M Federal Com	1	Avalon-Morrow	State, Federal or Fee Federal	0491036

Location
Unit Letter O : 660 Feet From The South Line and 1980 Feet From The East

Line of Section 8 Township 21S Range 26E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒
Tersoro Crude Oil

Address (Give address to which approved copy of this form is to be sent)
8700 Tersoro Drive San Antonio, Tx 78286

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
Southern Union Gathering Company
Natural Gas Pipeline Co of America

Address (Give address to which approved copy of this form is to be sent)
1800 1st International Bldg Dallas, Tx 75270
P. O. Box 283 Houston, Texas 77001

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	8	21S	26E	Yes	8/7/75

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

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

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ron Gilbreath
(Signature)
Production Manager
(Title)
July 7, 1982
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 14 1982, 19

BY Orig. Signed by Jerry Sexton

TITLE OIL AND GAS INSPECTOR

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 operator, well name or number, transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply