DISTRIBUTION ANTA FE		- CONSERVATION COMMISSION	Form C-104
:LE .3.G.S.		T FOR ALLOWABLE	Supersedes Old C-104 and C- Effective 1-1-65
-AND OFFICE		RANSPORT OIL AND NATURA	
TRANSPORTER GAS			RECEIVED
OPERATOR I. PRORATION OFFICE			AUG 1 9 1975
Coquina Oil Corpo	ration		
Address	idland, Texas 79701		ARTESIA, OFFICE
Reason(s) for filing (Check proper b		Other (Please explain)	
Recompletion	Change in Transporter of: Oil Dry (
Change in Ownership		iensate	
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AN	D LEASE		
Vagner Federal	Well No. Pool Name, Including		Lease No.
Leogue-			deralor Fee Federal 0400512B
Unit Letter ;6	60 Feet From The West L	ine and <u>1980</u> Feet Fr	om The South
Line of Section 29 T	ownship 20S Range	27Е , ММРМ,	Eddy County
III. DESIGNATION OF TRANSPO Name of Authorized Transporter of C	RTER OF OIL AND NATURAL G	AS	
Miller Oil Purcha	sing Company	Address (Give address to which ap P. O. Drawer 2419, M	proved copy of this form is to be sent; lidland, TX. 7970]
Name of Authorized Transporter of C Negotiating gas	Casinghead Gas or Dry Gas X		proved copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
give location of tanks.	L 29 T20S R27E	No	Not known
IV. COMPLETION DATA	vith that from any other lease or pool		
Designate Type of Complet	ion - (X) X	New Well Workover Deepen X	Plug Back Same Res'v. Diff. Res'v
Date Spudded 5-13-75	Date Compl. Ready to Prod. 7 26 75	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	7-26-75 Name of Producing Formation	10,804 Top Oil/Gas Pay	10,740 Tubing Depth
G.L. 3210 Perforations	Morrow	10,483	10,528 Depth Casing Shoe
10,483 - 10,522			10,804
HOLESIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
17 1/2	13 3/8	501	625
7 7/8	8 5/8 5 1/2	<u>1959</u> 10804	<u> </u>
V. TEST DATA AND REQUEST H			
OIL WELL Date First New Oil Bun To Tanks	Date of Test	epth or be for full 24 hours)	oil and must be equal to or exceed top allow
Sdie Fillet New Cir Aun To Tanks		Producing Method (Flow, pump, gas	lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod, During Test	Oil-Bbls.	Water - Bbla.	Gas-MCF
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	
1380	1 hr.		Gravity of Condensate N.A.
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 3034	Casing Pressure (Shut-in) packer	Choke Size 10/64
VI. CERTIFICATE OF COMPLIAN	ICE		ATION COMMISSION
I have by contify that the sylar and	regulations of the Oil Companyation		
Commission have been complied	regulations of the Oil Conservation with and that the information given e best of my knowledge and belief.		, 1 7
·····	\mathcal{O}		
	1 At		compliance with RULE 1104.
H-Jeans C A	ature)	If this is a request for all	owable for a newly drilled or deepened panied by a tabulation of the deviation
Engineer		tests taken on the well in acc	ordance with RULE 111.
	tle) 5	able on new and recompleted w	
	ate)	well name or number, or transpo	II. III, and VI for changes of owner, orter, or other such change of condition.

	-	
(1	Date	,

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 Co104 must be filed for each cost in multiply

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DISTRIBUTION ANTA FE ILE 3.G.S.	REQUES	CONSERVATION COMMISSION T FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and (. Effective 1-1-65
AND OFFICE		RANSPORT OIL AND NATURAL	ECEIVED
GAS DPERATOR			
Dperator			AUG 1 9 1975
Coquina Oil Corp Address	poration		O.C.C.
P. O. Box 2960, Reason(s) for filing (Check prope			ATESIA, OFFICE
. ew Well X; Recompletion	Change in Transporter of: Oil Dry C	Other (Please explain) Gas	
If change of ownership give nat and address of previous owner.	me		
II. DESCRIPTION OF WELL A	ND LEASE		
Wagner Federal	Well No. Pool Name, Including		Lease , a
Lemme		State, Fede	ral or Fee Federal 0400512B
Unit Letter;;;	660 Feet From The West Li	ine and 1980 Feet From	n The South
Line of Section 29	Township 20S Range 2	27Е , ММРМ,	Eddy County
III. DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL G	AS	
Naire of Authorized Transporter o Miller Oil Purch	(Oil or Condensate X	Address (Give address to which app	dland TV 70701
	t Casinghead Gas 🔔 or Dry Gas 🔀	P. O. Drawer 2419, Mi Address (Give address to which app	oved copy of this form is to be sent)
Negotiating gas			· · · · · · · · · · · · · · · · · · ·
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.	Is gas actually connected? W	Not known
If this production is commingled	i with that from any other lease or pool,	give commingling order number:	
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Rest
Designate Type of Comp! Date Spudded	Date Compl. Ready to Prod.	X Total Depth	
5-13-75	7-26-75	10,804	P.B.T.D. 10,740
Elevations (DF, RKB, RT, GR, etc.		Top Oil/Gas Pay	Tubing Depth
G.L. 3210 Ferforations	Morrow	10,483	10,528 Depth Casing Shoe
10,483 - 10,522			10,804
HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
17 1/2	13 3/8	501	625
<u> </u>	<u> </u>	<u> </u>	950
<i>1_11.0</i>		10004	1025
V. TEST DATA AND REQUEST OIL WELL		ifter recovery of total volume of load oi. epth or be for full 24 hours)	l and must be equal to or exceed top al m
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod, During Test	Oil-Bhls,	Water-Bble.	Gas - MCF
I		<u>.</u>	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
1380	1 hr.	-0-	N.A.
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 3034	Casing Pressure (Shut-in) packer	Choke Size 10/64
I. CERTIFICATE OF COMPLIA	1	······································	ATION COMMISSION
Commission have been complie	nd regulations of the Oil Conservation d with and that the information given		, 19
above is true and complete to	the best of my knowledge and belief.	BY	
		TITLE	
A. Deane C.	Firthe		compliance with RULE 1104. wable for a newly drilled or deepened
	gnature)		inied by a tabulation of the deviation
Engineer	Title)	All sections of this form mu	ast be filled out completely for allow-
August 15, 19		well name or number, or transpor	ells. I, III, and VI for changes of owner, ter, or other such change of condition.

	DISTRIBUTION ANTA FE		CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C
	:LE .5.G.S.		AND	Effective 1-1-65
	-AND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	
	IRANSPORTER OIL		R	ECEIVED
	GAS OPERATOR			410 1 0 1075
ž				AUG 1 9 1975
	Coquina Oil Corpor	ation		O. C. C.
	Address			ARTESIA, OFFICE
	P. U. BOX 2960, MT Reason(s) for filing (Check proper bo	dland, Texas 79701	0	
	: ew Well X	Change in Transporter of:	Other (Please explain)	
	Recompletion	Oil Dry G	as 🔲	
	Change in Ownership	Casinghead Gas Conde	ensate	
	If change of ownership give name and address of previous owner			
	-			
8.1	DESCRIPTION OF WELL AND	Well No. Pool Name, Including I	Formation Kind of Lea	se Lease No.
	Wagner Federal	2 Wildcat		al of Fee Federal 0400512B
		OFeet From TheWestLI	ne and 1980 Feet From	The South
	Line of Section 29 To	ownship 20S Range 2	27Е , ММРМ,	Eddy County
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G		
	Nume of Authorized Transporter of O Miller Oil Purchas		Address (Give address to which appr P. O. Drawer 2419, Mi	oved copy of this form is to be sent) dland TX 70701
	Name of Authorized Transporter of Co			oved copy of this form is to be sent)
	Negotiating gas s	ales contract		() () () () () () () () () () () () () (
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.		Net known
		L 29 T20S R27E	No	Not known
IV.	COMPLETION DATA	ith that from any other lease or pool,		
	Designate Type of Completi	on (X)	New Well Workover Deeper. X	Plug Back Same Resty. Diff. Rest
	Date Spuddød	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	5-13-75	7-26-75	10,804	10,740
	Elevations (DF, RKB, RT, GR, etc.) G.L. 3210	Name of Producing Formation Morrow	Top Oil/Gas Pay 10,483	Tubing Depth 10,528
	Perforations		10,100	Depth Casing Shoe
	10,483 - 10,522		D CEMENTING RECORD	10,804
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	17 1/2	13 3/8	501	625
	<u> </u>	<u> </u>	1959 10804	9501025
			<u></u>	
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
		I domy Plesadle	Cusing Pressure	Choke Size
	Actual Pred, During Test	Oil-Bbls.	Water - Sble.	Gas-MCF
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test 1 hr.	Bbls. Condensate/MMCF -0-	Gravity of Condensate N.A.
	1380 Testing Mothed (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	Back Pressure	3034	packer	10/64
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19
	Commission have been complied v	with and that the information given best of my knowledge and belief.	BY	
			TITLE	
		1/21		
	A Deane C . K	in the		compliance with RULE 1104. vable for a newly drilled or deepened
·		ature j		nied by a tabulation of the deviation
	Engineer (Til	:le)	All sections of this form mu	at be filled out completely for allow-
	August 15, 1975		able on new and recompleted we Fill out only Sections I, II	. III, and VI for changes of owner,
	(Da	ite)	well name or number, or transport	er, or other such change of condition

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DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104
ANTA FE	REQUES	T FOR ALLOWABLE	Supersedes Old C-104 and 1
3. G.S.		AND	Effective 1-1-65
-AND OFFICE	AUTHORIZATION TO T	RANSPORT OIL AND NATURA	L GAS
RANSPORTER OIL			
GAS			RECEIVED
OPERATOR			
SPORATION OFFICE			AUG 1 9 1975
Coquina Oil Corp	oration		
Aridress			0.1.1
	Midland, Texas 79701		ANTESIA, OFFICE
Reason(s) for filing (Check proper	boxj	Other (Please explain)	
rw Well X	Change in Transporter of:		
Recompletion	Oil Dry	Gas	
Change in Ownership	Casinghead Gas Conc	densate	
If change of ownership give nam and address of previous owner_	ne		
and address of previous owner_			
II. DESCRIPTION OF WELL AN			
Magnon Endonal	Well No. Pool Name, Including		Legae 1
Wagner Federal	2 Mildcat	State, Fea	deral or Fee Federal 0400512
		1000	
Unit Letter;;	660 Feet From The West L	line and 1980 Feet Fr	om The South
Line of Section 29	Township 20S Range	27Е . Мирм.	Eddy
	Township LOO Adinge	с/с , ммрм,	Luuy Count
III. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter of		Address (Give address to which ap	proved copy of this form is to be sent;
Miller Oil Purch	Casinghead Gas or Dry Gas X	P. O. Drawer 2419, M	
Negotiating gas		Address (Give address to which ap	proved copy of this form is to be sent)
	Unit Sec. Twp. Ege.	Is yas actually connected?	121
If well produces oil or liquids, give location of tanks,	L 29 T20S R27E	No	Not known
If this production is commingled	with that from any other lease or pool		
IV. COMPLETION DATA		, give commingling order number: _	
Designate Type of Comple	Cil Well Gas Well	New Well Workover Deeper	Plug Back Same Resty, Diff. Res
	× X	X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5-13-75 Elevations (DF, RKB, RT, GR, etc	7-26-75	10,804	10,740
G.L. 3210	Morrow	Top Oil/Gas Pay	Tubing Depth
Perforations		10,483	10,528 Depth Casing Shoe
10,483 - 10,522			10,804
	TUBING, CASING, AN	D CEMENTING RECORD	10,004
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17_1/2	13_3/8		625
12 1/4	8 5/8	1959	950
7 7/8	5 1/2	10804	1025
V. TEST DATA AND REQUEST			
OIL WELL	FOR ALLOWABLE (lest must be a able for this d	after recovery of total volume of load o epth or be for full 24 hours)	il and must be equal to or exceed top ails
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 Pred, During Test	Oil-Bbls.		
Acrual Fred, Danne (98)	OII-ADIS.	Water-Bble,	Gas - MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbla. Condensate/MMCF	Gravity of Condensate
1380	1 hr.	-0-	N.A.
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	3034	packer	10/64
I. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION
 I hereby certify that the rules and Commission have been complied 	d regulations of the Oil Conservation with and that the information given		, 19
above is true and complete to t	he best of my knowledge and belief.	BY	
	\bigcirc		
At Deane (.)	Keithe		compliance with RULE 1104.
	(nature)		wable for a newly drilled or deepene anied by a tabulation of the deviatio
Engineer	· · · · ·	tests taken on the well in acc	ordance with RULE 111.
(1	Title)	All sections of this form m able on new and recompleted v	ust be filled out completely for allow velia.
August 15, 197	'5		II. III, and VI for changes of owner.
(1	Datej	well name or number, or transpo	rter, or other such change of condition
		Sanarata Forma C-104 mu	at he filled for each cost in multipl

	DISTRIBUTION				
	ANTA FE		CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and (
	1LE		AND	Effective 1-1-65	
	-AND OFFICE	AUTHORIZATION TO T	RANSFORT OIL AND NATURA	L GAS	
	CRANSPORTER OIL GAS			RECEIVED	
I	OPERATOR PRORATION OFFICE			AUG 1 9 1975	
	Coquina Oil Corpo	ration		O. C. C.	
	Address P. O. Box 2960, M	idland, Texas 79701		ARTEBIA, OFFICE	
	Reason(s) for filing (Check proper b	-	Other (Please explain)		
	lew Well X	Change in Transporter of:			
	Recompletion Change in Ownership	Oil Dry (Casinghead Gas Cond	Gas ensate		
	If change of ownership sive same				
	If change of ownership give name and address of previous owner				
Н	. DESCRIPTION OF WELL ANI				
	Wagner Federal	Well No. Poel Name, Including			
	Lernus		51416, 1 60	teral or Fee Federal 0400512E	
	Unit Letter _ L ; _ 6(50 Feet From The West L	ine and <u>1980</u> Feet Fro	om The South	
	Line of Section 29 T	ownship 20S Range 2	27Е , МИРИ,	Eddy	
	DESIGNATION OF TRANSPOR			County County	
	Nume of Authorized Transporter of O	TER OF OIL AND NATURAL G	Address (Give address to which app	proved copy of this form is to be sent)	
	Miller Oil Purchas		P. O. Drawer 2419, M	idland, TX. 79701	
	Negotiating gas s		Address (Give address to which app	proved copy of this form is to be sent)	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
	give location of tanks,	L 29 T20S R27E	No	Not known	
IV.	If this production is commingled w COMPLETION DATA	rith that from any other lease or pool	, give commingling order number:		
	Designate Type of Complet	ion - (X) Oil Well Gas Well X	New Well Workover Deepen	Plug Back Same Resty, Diff, Rest	
	Date Spuddød	Date Compl. Ready to Prod.	A Total Depth	P.B.T.D.	
	5-13-75 Elevations (DF, RKB, RT, GR, etc.)	7-26-75 Name of Producing Formation	10,804	10,740	
	G.L. 3210	Name of Producing Formation Morrow	Tep Oil/Gas Pay 10,483	Tubing Depth 10,528	
	Perforations			Depth Casing Shoe	
	10,483 - 10,522	TUBING CASING AN	D CEMENTING RECORD	10,804	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	17_1/212_1/4	13 3/8	501	625	
	7.7/8	<u>8 5/8</u> 5 1/2	1959	950	
Υ.	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 all- OIL WELL able 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-Bbis.	Water - Bble.	0	
				Gas - MCF	
	GAS WELL		99 - 99 - 99 - 99 - 99 - 99 - 99 - 99	ан андар бай	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	1380 Testing Mothed (pitot, back pr.)	1 hr.	-0-	N.A.	
	Back Pressure	Tubing Pressure (Shut-in) 3034	Casing Pressure (Shut-in) Dacker	Choke Size 10/64	
VI.	CERTIFICATE OF COMPLIAN	CE	//·····	ATION COMMISSION	
	Commission have been complied v	regulations of the Oil Conservation with and that the information given			
	above is true and complete to the	e best of my knowledge and belief.	BY		
	A Derana C. A	enthe		compliance with RULE 1104.	
-	(Signature)		If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation tasts taken on the well in accordance with any 5 11		
-	Engineer (Ti	Engineer (Title)		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow	
-	August 15, 1975		able on new and recompleted w Fill out only Sections I,	vells. II, III, and VI for changes of owner.	
-	(Do	ue)	well name or number, or transpo	rter, or other such change of condition	