

DISTRIBUTION			
ANTA FE			
ILE			
S.G.S.			
AND 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

AUG 19 1975

I. Operator
Coquina Oil Corporation
Address
P. O. Box 2960, Midland, Texas 79701
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

O. C. C.
ARTESIA, OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wagner Federal	Well No. 2	Pool Name, including Formation Hildsat	Kind of Lease State, Federal or Fee Federal	Lease No. 0400512B
Location Unit Letter L 660 Feet From The West Line and 1980 Feet From The South Line of Section 29 Township 20S Range 27E, 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"/> Miller Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 2419, Midland, TX. 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Negotiating gas sales contract	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 29	Twp. T20S	Rge. R27E	Is gas actually connected? No	When Not known

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'v.	Diff. Res'v.
		X	X					
Date Spudded 5-13-75	Date Compl. Ready to Prod. 7-26-75		Total Depth 10,804		P.B.T.D. 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 10,483 - 10,522					Depth Casing Shoe 10,804			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		501		625			
12 1/4	8 5/8		1959		950			
7 7/8	5 1/2		10804		1025			

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 1380	Length of Test 1 hr.	Bbls. Condensate/MMCF -0-	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 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.

APPROVED _____, 19 _____

BY _____

TITLE _____

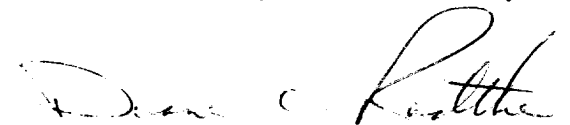
This form is to be filed in compliance with RULE 1104.

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


(Signature)
Engineer
(Title)
August 15, 1975
(Date)

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

NEW MEXICO OIL CONSERVATION COMMISSION
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AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Supersedes Old C-104 and C.
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AUG 19 1975

O. C. C.
ARTESIA, OFFICE

I. OPERATOR

Operator
Coquina Oil Corporation

Address
P. O. Box 2960, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well ☒ X

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wagner Federal	Well No. 2	Pool Name, Including Formation Wildcat	Kind of Lease State, Federal or Fee Federal	Lease No. 0400512B
Location				
Unit Letter L	660	Feet From The West	Line and 1980	Feet From The South
Line of Section 29	Township 20S	Range 27E	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"/> X	Address (Give address to which approved copy of this form is to be sent)					
Miller Oil Purchasing Company	P. O. Drawer 2419, Midland, TX. 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> X	Address (Give address to which approved copy of this form is to be sent)					
Negotiating gas sales contract						
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 29	Twp. T20S	Rge. R27E	Is gas actually connected? No	When Not known

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 Rest.	Diff. Rest.
		X	X					
Date Spudded 5-13-75	Date Compl. Ready to Prod. 7-26-75	Total Depth 10,804	P.B.T.D. 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 10,483 - 10,522	Depth Casing Shoe 10,804							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	501	625					
12 1/4	8 5/8	1959	950					
7 7/8	5 1/2	10804	1025					

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)

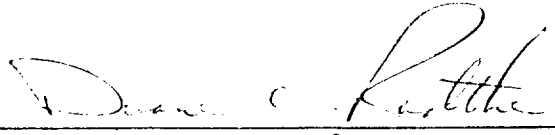
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 1380	Length of Test 1 hr.	Bbls. Condensate/MMCF -0-	Gravity of Condensate N.A.
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 3034	Casing Pressure (shut-in) packer	Choke Size 10/64

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.


(Signature)
Engineer
(Title)
August 15, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

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 well in multiple.

DISTRIBUTION			
ANTAF E			
ILE			
S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
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AUG 19 1975

O. C. C.
ARTERIA, OFFICE

Operator
Coquina Oil Corporation
Address
P. O. Box 2960, Midland, Texas 79701

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wagner Federal	Well No. 2	Pool Name, including Formation Wildcat	Kind of Lease State, Federal or Fee Federal	Lease No. 0400512B
Unit Letter <u>L</u> ; <u>660</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>South</u>				
Line of Section <u>29</u> Township <u>20S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Miller Oil Purchasing Company	P. O. Drawer 2419, Midland, TX. 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Negotiating gas sales contract						
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>29</u>	Twp. <u>T20S</u>	Rge. <u>R27E</u>	Is gas actually connected? <u>No</u>	When <u>Not known</u>

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't	Diff. Res't
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>5-13-75</u>	Date Compl. Ready to Prod. <u>7-26-75</u>	Total Depth <u>10,804</u>		P.B.T.D. <u>10,740</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>G.L. 3210</u>	Name of Producing Formation <u>Morrow</u>	Top Oil/Gas Pay <u>10,483</u>		Tubing Depth <u>10,528</u>					
Perforations <u>10,483 - 10,522</u>				Depth Casing Shoe <u>10,804</u>					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<u>17 1/2</u>	<u>13 3/8</u>		<u>501</u>		<u>625</u>				
<u>12 1/4</u>	<u>8 5/8</u>		<u>1959</u>		<u>950</u>				
<u>7 7/8</u>	<u>5 1/2</u>		<u>10804</u>		<u>1025</u>				

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)

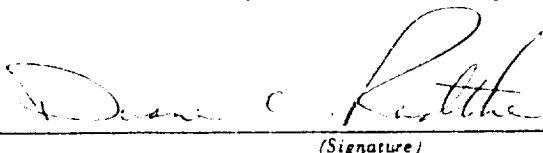
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D <u>1380</u>	Length of Test <u>1 hr.</u>	Bbls. Condensate/MMCF <u>-0-</u>	Gravity of Condensate <u>N.A.</u>
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>3034</u>	Casing Pressure (Shut-in) <u>packer</u>	Choke Size <u>10/64</u>

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.


(Signature)

Engineer

(Title)

August 15, 1975

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

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O. C. C.
ARTESIA, OFFICE

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

Operator

Coquina Oil Corporation

Address

P. O. Box 2960, Midland, Texas 79701

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Wagner Federal	2	Wildcat	State, Federal or Fee Federal	0400512B
Location	Unit Letter	Feet From The	Line and	Feet From The
	L	660	West	1980
			South	
Line of Section	Township	Range	NMPM,	County
29	20S	27E		Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Miller Oil Purchasing Company	<input checked="" type="checkbox"/>	P. O. Drawer 2419, Midland, TX. 79701
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Negotiating gas sales contract	<input checked="" type="checkbox"/>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	L	29
	T20S	R27E
Is gas actually connected?	When	
No	Not known	

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.	Diff. Res.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded	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.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
G.L. 3210	Morrow	10,483	10,528					
Perforations	Depth Casing Shoe							
10,483 - 10,522	10,804							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	501	625					
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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)

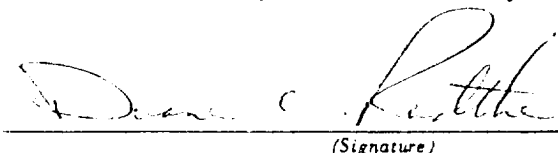
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1380	1 hr.	-0-	N.A.
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	3034	packer	10/64

VI. CERTIFICATE OF COMPLIANCE

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(Signature)

Engineer

(Title)

August 15, 1975

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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O. C. C.
ARTESIA, OFFICE

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FILE			
S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

Operator
Coquina Oil Corporation

Address
P. O. Box 2960, Midland, Texas 79701

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

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Location Unit Letter L : 660 Feet From The West Line and 1980 Feet From The South				
Line of Section 29 Township 20S Range 27E, 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"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 2419, Midland, TX. 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Negotiating gas sales contract						
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 29	Twp. T20S	Rge. R27E	Is gas actually connected? No	When Not known

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 Rest.	Diff. Rest.
			X	X					
Date Spudded 5-13-75	Date Compl. Ready to Prod. 7-26-75	Total Depth 10,804		P.B.T.D. 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 10,483 - 10,522				Depth Casing Shoe 10,804					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2		13 3/8		501		625			
12 1/4		8 5/8		1959		950			
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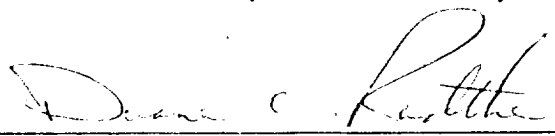
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Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1380	Length of Test 1 hr.	Bbls. Condensate/MMCF -0-	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 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.


(Signature)
Engineer
(Title)
August 15, 1975
(Date)

OIL CONSERVATION COMMISSION

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