

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-11
Effective 1-1-65

JUN 27 1977

I.

DISTRIBUTION	
ANTA FE	/
ILE	/ ✓
S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	
PRORATION OFFICE	
Operator Coquina Oil Corporation ✓	
Address P. O. Drawer 2960, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Other (Please explain)
Change in Ownership <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

R-5609 1-1-78

II. DESCRIPTION OF WELL AND LEASE

Avalon Bone Springs Gas

Lease Name Wagner Federal	Well No. 2	Pool Name, Including Formation Undesignated (Bone Spring)	Kind of Lease State, Federal or Fee Federal	Lease No. 0400512B
Location 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"/> Summit Gas	Address (Give address to which approved copy of this form is to be sent) 405 Entex Bldg., Houston, Texas 77002					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Coquina Oil Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 2960, Midland, Texas 79702					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 29	Twp. 20S	Rge. 27E	Is gas actually connected? <u>No</u> <u>Yes</u>	When <u>6-28-77</u> Approx. connection 6-27-77

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'ty.	Diff. Res'ty.
		XX				XX		XX
Date Spudded 5-13-75	Date Compl. Ready to Prod. 5-26-76	Total Depth 10,804	P.B.T.D. 6,246					
Elevations (DF, RKB, RT, GR, etc.) GR 3210	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 6084	Tubing Depth 6,084					
Perforations 6084-89, 6105-09, 6126-30, 6139-42, 6145-47 2/JSPF ea.			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	10,804	1025					
	2 3/8 (tubing)	6,084						

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 1646	Length of Test 4	Bbls. Condensate/MMCF 6.3	Gravity of Condensate 52
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2105	Casing Pressure (Shut-in) Packer	Choke Size Various

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 Assistant
June 24, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 5 1977
BY W. A. Gussitt
TITLE SUPERVISOR, DISTRICT II

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