

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

C/54

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED

Coquina Oil Corporation ✓ JUL 12 1982

Address P. O. Drawer 2960, Midland, Texas 79702 O. C. D.

Reason(s) for filing (Check proper box) Other (Please explain) ARTESIA, OFFICE
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☒
Change in Ownership ☐

(Change of ownership give name and address of previous owner)

DESCRIPTION OF WELL AND LEASE
Lease Name Wagner Federal Well No. 2 Pool Name, including Formation Avalon-Bone Springs Kind of Lease State, Federal or Free Federal Lease No. 0400512

Location Unit Letter L : 660 Feet From The West Line and 1980 Feet From The South

Line of Section 29 Township 20S Range 27E, NMPMEddy County

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)

Tersoro Crude Oil 8700 Tersoro Drive San Antonio, Tx 78286

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)

Coquina Oil Corporation 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? Yes When June 28, 1977

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'tv. Diff. Res'tv.

Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.

Elevations (DF, RKB, RT, CR, 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 OIL WELL (Test must be after recovery of equal 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 (pilot, 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.

APPROVED JUL 14 1982

BY M. L. Williams

TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 11.1.

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 11.1.

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 ownership, well name or number, or transporter or other such change of conditions.

Sections I, II, III, and VI must be filed for each pool in each well.

Production Manager

July 7, 1982