

DISTRIBUTION			
ANTA FE			
FILE			
U.S.G.S.			
LAND 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-110  
Effective 1-1-65

RECEIVED

MAR 3 1975

Operator Coquina Oil Corporation ✓		D. C. C. ARTESIA, OFFICE	
Address 200 Bldg. of Southwest, 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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 Jake State	Well No. 1	Pool Name, including Formation <del>Welded</del>	Kind of Lease State, Federal or Fee State	Lease No. K-4593
Location Unit Letter J ; 1980 Feet From The East Line and 1980 Feet From The South				
Line of Section 36 Township 24S Range 26E , NMPM, County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<del>Welded</del>	<del>Welded</del>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Negotiating						
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 36	Twp. 24S	Rge. 26E	Is gas actually connected? No	When Negotiating gas contract

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 9-7-74	Date Compl. Ready to Prod. 11-5-74		Total Depth 10,405		P.B.T.D. 10,399			
Elevations (DF, RKB, RT, GR, etc.) G.L. 3408	Name of Producing Formation Permo Penn		Top Oil/Gas Pay 10,214		Tubing Depth 10,159			
Perforations 10,214-24; 10,227-36; 10,241-48					Depth Casing Shoe 10,403			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	12 3/4		197		400			
11	8 5/8		2188		1725			
7 7/8	4 1/2		10403		450			

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)

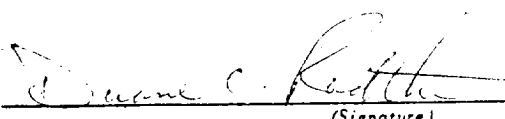
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

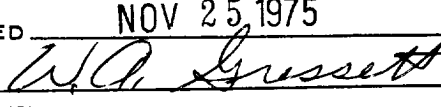
Actual Prod. Test-MCF/D 467	Length of Test 4	Bbls. Condensate/MMCF 25.7	Gravity of Condensate 62.7
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure (Shut-in) 5884	Casing Pressure (Shut-in) 0	Choke Size Various

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  
(Title)  
February 27, 1975  
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 25 1975  
BY   
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