1			
DISTRIBUTE			
ANTA FE			
ILE			,
I.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

March 26, 1976

(Date)

Form C+104	
Supersedes Old C-1	04 and C-110
Effective 1-1-65	

	DISTRIBUTION ANTA FE FILE LS.G.S. LAND OFFICE	REQUEST	CONSERVATION COMI. ION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL (Form C+104 Supersedes Old C-104 and C-1 Effective 1-1-65		
1.	TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator			RESERVED MAR 2 1976		
	Coquina Oil Corporatio	n		WAR 6 / 13/0		
	P. O. Drawer 2960, Mid			O, C. C.		
	New We!! Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga Casinghead Gas Conder	≓			
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND Lease Name O'Neill Federal Location Unit Letter E 660	LEASE Well No. Pool Name, Including F South Carlsba Feet From The West Line	ad Morrow State, Federa	Fee Federal LÇ-064200		
	Line of Section 7	vnship 24-S Range 2	26-E , nmpm,	Eddy County		
III.		TER OF OIL AND NATURAL GA	AS			
	Name of Authorized Transporter of Cil Summit Gas Company	cr Condensate X	Address (Give address to which approved 2510 West Front St., 1			
	Name of Authorized Transporter of Cas Natural Gas Pipe Line	inghead Gas $oxed{ extstyle condition}$ or Dry Gas $oxed{ extstyle \times}$ Address (Give address to which approved copy of		ved copy of this form is to be sent)		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe			
		th that from any other lease or pool,		10Vember 10, 1975		
14.	Designate Type of Completic	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations					
	TUBING, CASING, AND		CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
			1			
V.	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 allowable for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	ate First New Cil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Frod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MOF		
	G40 1977 7	<u></u>				
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	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. (D. C. Radtke) (Signature) Engineer		OIL CONSERVA	TION COMMISSION		
			APPROVED MAR 29 1976 . 19			
			BY W. a Srissett			
			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 allow-			

able 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.

Secreta Forms C-104 must be filed for such coal in multiply.