

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

JAN 14 '91

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Coquina Oil Corporation	Well API No.
Address P.O. Box 27725, Houston, Texas 77227-7725	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Philly Federal	Well No. 2	Pool Name, Including Formation Frontier Hill (Strawn)	Kind of Lease State , Federal or Fee	Lease No. NM-0540294-A
Location Unit Letter <u>G</u> : <u>1980'</u> Feet From The <u>North</u> Line and <u>1980'</u> Feet From The <u>East</u> Line Section <u>21</u> Township <u>23-S</u> Range <u>26-E</u> , <u>NMPM</u> , <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"/> Texaco Trading & Transportation Inc	Address (Give address to which approved copy of this form is to be sent) Two Greenspoint Plaza, 16825 N. Chase Blvd Suite 600, Houston, Texas 77060					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> NGPL	Address (Give address to which approved copy of this form is to be sent) P.O. Box 283, Houston, TX 77001-0283					
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>21</u>	Twp. <u>23S</u>	Rge. <u>26E</u>	Is gas actually connected? yes	When? December 28, 1990

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 10/08/90	Date Compl. Ready to Prod. 12/28/90		Total Depth 10,600'		P.B.T.D. 10,365' (CIBP)			
Elevations (DF, RKB, RT, GR, etc.) 3337 GR	Name of Producing Formation Strawn		Top Oil/Gas Pay 10,111'		Tubing Depth 10,603.23'			
Perforations 10,111' - 10,335'					Depth Casing Shoe 10,603.23'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		365		470 Part 10-2			
12 1/4"	9 5/8"		2762		3015 5-3-91			
8 3/4"	7"		10,571'		950 comp & BH			
7"	2 7/8"		10,056'		-0-			

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 Tank	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 2600	Length of Test 24	Bbls. Condensate/MMCF 36	Gravity of Condensate 60
Testing Method (pilot, back pr.) flowing	Tubing Pressure (Shut-in) 3150	Casing Pressure (Shut-in) Packer	Choke Size 13/64"

VI. OPERATOR 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.

Signature James E. O'Briant Agent
Printed Name 1/10/91 Title 915-683-5511
Date 1/10/91 Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 30 1991

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.