

DISTRIBUTION			
ANTA FE		1	
ILE		1	
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-111  
Effective 1-1-65

RECEIVED

FEB 05 1981

Operator		C. C. D.	
Coquina Oil Corporation ✓		ARTESIA, OFFICE	
Address			
P. O. Drawer 2960, Midland, Texas 79702			
Reason(s) for filing (Check proper box)			
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
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 ownerU.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Pure Gold "A" Federal	Well No.	1	Foot State, including Formation	West Land & Survey	Kind of Lease	Federal	Lease No.	NM 38464
Location	Unit Letter N, 800 Feet From The South Line and 1980' Feet From The West								
Line of Section	21	Township	23	Range	31	NMFM,	Eddy	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)	
No Oil					
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company				P. O. Box 1492, El Paso, Texas 79928	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected? When
					Yes February 15, 1981

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 Restv.	Diff. Restv.
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
8/12/80	1/21/81		14,967' 9		14,924'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3354' GR	Morrow		13,900' 14414		14,388'			
Perforations 14,414'-422', 14,428'-431', 14,436'-452', 14,454'-458', 14,462'-478', 14,554'-560', 14,627'-633'.					Depth Casing Shoe			
					14,967'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20" 94# STC		583'		625 sx C1 C			
17 1/2"	13-3/8", 72, 68, 54.5 & 61.5# K-55		4206'		2550 sx Pacesetter Lite			
12 1/4"	47# S-95 & 43.5# N-80		12,398'		1150 sx TLW & 300 sx C1 H			

## 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1271	1 hour	None	--
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Orifice Meter	5048 psi	0	9/64

## 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.

G. L. Crain  
(Signature)

Operations Manager

(Title)

January 30, 1980

(Date)

## OIL CONSERVATION COMMISSION

APPROVED FEB 24 1981  
BY W. A. Gressett  
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 Form C-104 must be filed for each pool in multiple