

DISTRIBUTION			
ANTA FE			
FILE			
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-1
Effective 1-1-65

RECEIVED

SEP 29 1980

O. C. D.

ARTESIA, OFFICE

I. Operator
Coquina Oil Corporation ✓
Address
P. O. Drawer 2960, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Carlsbad Pecos	Well No. 1	Pool Name, Including Formation W. 1/4 Sec. 29	Kind of Lease State, Federal or Fee	Fee	Lease No.
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 of Section <u>29</u> Township <u>22S</u> Range <u>28E</u> , NMPM, <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"/>	Address (Give address to which approved copy of this form is to be sent)
Basin, Inc.,	P. O. Box 2297, Midland, TX 79702
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)
Negotiating Contract	
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>29</u> Twp. <u>22S</u> Rge. <u>28E</u> Is gas actually connected? <u>No</u> When <u>Est. 12/1/80</u>

If this production is commingled with that from any other lease or pool, give commingling order number: No

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 4/19/80	Date Compl. Ready to Prod. 9/14/80	Total Depth 12,550'	P.B.T.D. 12,500'					
Elevations (DF, RKB, RT, GR, etc.) GR 3042'	Name of Producing Formation Morrow	Top Oil/Gas Pay 12,436	Tubing Depth 12,349'					
Perforations 12,484-90 12,436-56			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	382'	800 sxs C1 "C" (Circ)
17 1/2"	13-3/8"	2708'	2400 Sxs Lite + 300 Sx
12 1/4"	9-5/8"	10526'	1200 Sx LW + 400 Sxs H
7-7/8"	5" Liner	9983' - 12,549'	900 Sx 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 787	Length of Test 10 1/2 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 5748 psi	Casing Pressure (Shut-in) Pkr	Choke Size 2 - 8/64"

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.

Ron Silbenth
(Signature)
Production Manager
(Title)
September 24, 1980
(Date)

OIL CONSERVATION COMMISSION

NOV 19 1980

APPROVED _____, 19

BY W. A. Gussett

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