

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-11
Effective 1-1-65

MAY 23 1981

DISTRIBUTION		
ANTA FE		
ILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator
Coquina Oil Corporation

Address
P. O. Drawer 2960, Midland, Texas 79702

Reason(s) for filing (Check proper box) *Designate*
Now 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 Harroun Com.	Well No. 1	Pool Name, including Formation Dublin Ranch Atoka	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>33</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"/> Basin, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2297, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79928
If well produces oil or liquids, give location of tanks.	Unit <u>B</u> Sec. <u>33</u> Twp. <u>22S</u> Rge. <u>28E</u> Is gas actually connected? <u>Yes</u> When <u>May 13, 1981</u>

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't.	Diff. Res't.
			X	X					
Date Spudded 1/1/81	Date Compl. Ready to Prod. 4/29/81	Total Depth 12,743'		P.B.T.D. 11,697'					
Elevations (DF, RKB, etc.) 3064' GR	Name of Producing Formation Atoka	Top Oil/Gas Pay 11,421'		Tubing Depth 11,295'					
Perforations 11-462'-11,471' 4 spf Total 36				Depth Casing Shoe 12,743'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
26"/17 1/2"	20"/13-3/8"	394'/2584'		950 sx/2100 sx					
12 1/4"	9-5/8"	10,590'		3650 sxs (2 stages)					
8 1/2"	7-5/8" Liner	Top-11,846' Bot. 10-203'		350 sx					
6 1/2"	5" Liner	Top-11,697' Bot. 12,743'		200 sx					

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 better 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 3969.7 CAOF	Length of Test 10 hours	Bbls. Condensate/MMCF 1.5	Gravity of Condensate 53° API @ 87°F
Testing Method (pilot, back pr.) Orifice Meter	Tubing Pressure (Shot-in) Various	Casing Pressure (Shot-in) 0	Choke Size Various

I. 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.

Billy M. Pribe
(Signature)

Drilling Manager

(Title)

May 21, 1981

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 26 1981

BY

W. A. Gussett
SUPERVISOR, DISTRICT II

TITLE

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