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U.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-110
Effective 1-1-65

I.

Operator Coastal States Gas Producing Company	
Address P. O. Box 235, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 5/1/72
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gonsales Federal "31"	Well No. 3	Pool Name, Including Formation Under Flying "M" (SA)	Kind of Lease State, Federal or Fee Federal	Lease No. NM 14204
Location Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>760</u> Feet From The <u>East</u> Line of Section <u>31</u> Township <u>9-S</u> Range <u>33-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas 75221					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 31	Twp. 9-S	Rge. 33-E	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number: NA

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2-2-72	Date Compl. Ready to Prod. 2-20-72		Total Depth 4356'		P.B.T.D. -0-			
Elevations (DF, RKB, RT, GR, etc.) 4236' KB est.	Name of Producing Formation San Andres		Top Oil/Gas Pay 4235'		Tubing Depth 4297'			
Perforations 4235-47', 4253-56', 4258-67'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		368'		250 sxs - circulated			
7-7/8"	4-1/2"		4356'		200 sxs			
4-1/2"	2-3/8"		4297'					

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 2-20-72	Date of Test 2-27-72	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure -0-	Casing Pressure -0-	Choke Size -0-
Actual Prod. During Test 114	Oil - Bbls. 114	Water - Bbls. 14	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Joe R Howard
(Signature)
Division Production Manager
(Title)

OIL CONSERVATION COMMISSION
APPROVED MAR 14 1972, 19____
BY [Signature]
TITLE SUPERVISOR DISTRICT I

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...

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MAY 11 1972

OIL CONSERVATION COMM.
HOBBY, N. M.