

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
 Supersedes Old O-104 and C-104
 Effective 1-1-65

DISTRIBUTION	
ANTAFE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

RECEIVED
 JUL 24 1978

I. OPERATOR

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: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership

Other (Please explain): Effective 8-1-78

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

O. C. C.
 ARTEBIA, OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name: <u>Hare</u>	Well No.: <u>1</u>	Pool Name, Including Formation: <u>Atoka - Morrow, West (Gas)</u>	Kind of Lease: <u>Fee</u>	Lease No.:
Location:	Unit Letter: <u>P</u>	Feet From The: <u>South</u>	Line and: <u>660</u>	Feet From The: <u>East</u>
Line of Section: <u>12</u>	Township: <u>18-S</u>	Range: <u>25-E</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): <u>P. O. Box 2297, Midland, Texas 79702</u>
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): <u>P.O. Box 283 - Houston, Tx. 77001</u>
If well produces oil or liquids, give location of tanks:	Unit: <u>P</u> Sec: <u>12</u> Twp: <u>18</u> Rge: <u>25</u>	Is gas actually connected? <u>YES</u> When: <u>10-2-74</u>

IV. COMPLETION DATA

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

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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
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.

J. B. Taylor (Signature) (J. B. Taylor)
 Vice President (Title)
 July 21, 1978 (Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 25 1978, 19____
 BY N. A. Gussitt
 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 O-104 must be filed for each pool in multiple