

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

C/S4

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JUL 12 1982

Coquina Oil Corporation

P. O. Drawer 2960, Midland, Texas 79702

O. C. D.

ARTESIA, OFFICE

Reason(s) for filing (Check proper box)

New Well Change in Transporter of:
 Oil Dry Gas
 Decompletion Oil Condensate
 Change in Ownership Casinghead Gas

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well No. 1	Pool Name, Including Formation N. D. Overly Indes. Atoka Gas	Kind of Lease State, Federal or Fee Fee	Lease No.
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Location

Unit Letter J : 1650 Feet From The South Line and 1980 Feet From The East

Line of Section 4 Township 23S Range 28E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)
 Tersoro Crude Oil 8700 Tersoro Drive San Antonio Tex 78286

Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
 Llano, Inc. P. O. Box 1320 Hobbs, New Mexico 88240

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
 J 4 23S 28E Yes December 16, 1981

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, RT, CR, 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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of equal 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 (spot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ron Silbreath
 (Signature)
 Production Manager
 July 7, 1982
 (Date)

OIL CONSERVATION DIVISION
 JUL 14 1982

APPROVED BY *M. S. Williams*
 TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 10.1. 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 11. All sections of this form must be filled out completely for filling 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 conditions. Section IV must be filled for each pool in multiple.