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LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
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-105  
Effective 1-1-65

**RECEIVED**

AUG 7 1974

I. Operator CGQUINA OIL CORPORATION ✓

Address 200 Bldg. of the Southwest, Midland, Texas 79701

Reason(s) for filing (Check proper box):  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

**O. C. C.**  
ARTESIA, OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hare</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Und. W. Atoka (Morrow) Gas</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>S</u> Line and <u>660</u> Feet From The <u>E</u> Line of Section <u>12</u> Township <u>18S</u> Range <u>25E</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>Summit Gas Co.</u>	<u>405 United Gas Bldg, Houston, Texas 77002</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>Natural Gas P/L Co. of America</u>	<u>Box 283, Houston, Texas 77001</u>
If well produces oil or liquids, give location of tanks.	Is this actually connected? When
<u>P 12 18S 25E</u>	<u>No Yes 10-2-74</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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>4-12-74</u>	Date Compl. Ready to Prod. <u>5-26-74</u>	Total Depth <u>8871</u>	P.B.T.D. <u>8788</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>GL 3438</u>	Name of Producing Formation <u>Morrow</u>	Test Oil/Gas Pay <u>8608</u>	Tubing Depth <u>8718</u>					
Perforations <u>8608-8702 (Morrow)</u>	Depth Casing Shoe							
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>17 1/2</u>	<u>12 3/4</u>	<u>312</u>	<u>400</u>					
<u>11</u>	<u>9</u>	<u>1200</u>	<u>1250</u>					
<u>7 7/8</u>	<u>4 1/2</u>	<u>8831</u>	<u>700</u>					
	<u>2 3/8</u>	<u>8718</u>						

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 <u>95.8</u>	Length of Test <u>4</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate <u>0</u>
Testing Method (pitot, back pr.) <u>Back pr.</u>	Tubing Pressure (Shut-in) <u>2588</u>	Casing Pressure (Shut-in) <u>0</u>	Choke Size <u>Various</u>

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.

D.C. Radtke (D.C. Radtke)  
Engineer (Title)  
8-6-74 (Date)

OIL CONSERVATION COMMISSION  
**OCT 15 1974**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY W. J. Gussel  
TITLE OIL AND GAS INSPECTOR

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 Form C-104 must be filed for each pool in multiple

OIL CONSERVATION COMMISSION  
P. O. DRAWER DD  
ARTESIA, NEW MEXICO 88210

RECEIVED  
OCT 15 1974  
O. C. C.  
ARTESIA, N. M.

NOTICE OF GAS CONNECTION

Date October 10, 1974

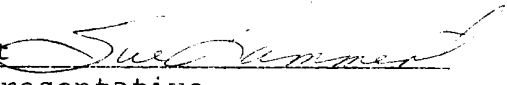
This is to notify the Oil Conservation Commission that connection  
for the purchase of gas from the Coquina Oil Corporation  
Operator

Hare 12-1 , Hare #12-1 , 12-18S-25E  
Lease Well & Unit S.T.R.

W. Atoka , Natural Gas Pipeline Co. of America  
Pool Name of Purchaser

was made on 10-2-74.

Natural Gas Pipeline Company of America  
Purchaser

Sue Lammert   
Representative

Senior Clerk  
Title

cc: To operator  
Oil Conservation Commission - Santa Fe