

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

C/S

OIL CONSERVATION DIVISION
 P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JUL 12 1982

Coquina Oil Corporation ✓

O. C. D.
 ARTESIA, OFFICE

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

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Oil Dry Gas
 Recompletion Coalbed Gas Condensate
 Change in Ownership

(Change of ownership give name and address of previous owner)

DESCRIPTION OF WELL AND LEASE

Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
1	Atoka-Morrow, West (Gas)	State, Federal or Fee Fee	

Location

Unit Letter P : 660 Feet from The South Line and 660 Feet from The East

Line of Section 12 To 185 Range 25E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

Name of Authorized Transporter of Coalbed Gas or Dry Gas
Natural Gas Pipeline Co., of America Address (Give address to which approved copy of this form is to be sent)
P. O. Box 283, Houston, Texas 77001

If well produces oil or liquids, give location of tanks. Unit P Sec. 12 Twp. 18 Rge. 25 Is gas actually connected? Yes When October 2, 1974

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Diff. Res.
<input checked="" type="checkbox"/>								

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 (prior, 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 Silbroad
 (Signature)
 Production Manager
 (Title)
 July 7, 1982
 (Date)

OIL CONSERVATION DIVISION
 JUL 14 1982

APPROVED _____, 19____
 BY Mike 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 detailed tests taken on the well in accordance with RULE 10.1.
 All sections of this form must be filled out completely for all wells able to flow and completed 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.
 Separate Form C-104 must be filed for each pool in multiple completions.