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TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

HOBBS OFFICE O. C. C.

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any new or existing Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Abilene, Texas

July 14, 1964

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Coastal States Gas Prod. Co. Shell State Well No. 2, in SW 1/4 SE 1/4,

(Company or Operator)

(Lease)

O

Sec. 9

T. 9S

R. 33E

NMPM.

Undesignated

Pool

Unit Letter

Lea

County. Date Spudded 5/15/64

Date Drilling Completed 5/24/64

Please indicate location:

Elevation 4382.6' Total Depth 4565' PBTD --

Top Oil/Gas Pay 4527' Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 4527 - 31'

Open Hole Depth Casing Shoe Depth Tubing 4434'

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls. water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 4 bbls. oil, 65 bbls. water in 24 hrs, 0 min. Size Choke -

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size: Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1000 gals BDA and 2500 gals 15% NE Acid.

Casing Tubing Date first new Press. Press. oil run to tanks July 14, 1964

Oil Transporter McWood Corporation

Gas Transporter

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved JUL 21 1964, 19

COASTAL STATES GAS PRODUCING COMPANY

(Company or Operator)

By:

(Signature)

Title Production Superintendent

Send Communications regarding well to:

Name Coastal States Gas Producing Company

Address P. O. Box 385, Abilene, Texas

OIL CONSERVATION COMMISSION

By:

Title

Engineer District 1