

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

STATE OF NEW MEXICO	
DEPARTMENT OF	
LAND	
OFFICE	
TRANSPORTER	
OPERATION	
REGISTRATION OFFICE	

Coastal Oil & Gas Corporation

P. O. Box 235, Midland, Texas 79702

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

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name State "9"	Well No. 1	Pool Name, including Formation Flying "M" San Andres	Kind of Lease State, Federal or Fee State	Lease No. L-188
Location Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line of Section 9 Township 9S Range 33E, NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ International Crude Corporation	Address (Give address to which approved copy of this form is to be sent) 2454 Industrial Blvd., Abilene, TX 79605					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ NONE	Address (Give address to which approved copy of this form is to be sent) -----					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 9	Twp. 9S	Range 33E	Is gas actually connected? No	When

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 Hest.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, 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

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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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.

District Administrative Supervisor

May 26, 1982

OIL CONSERVATION DIVISION

MAY 28 1982

APPROVED _____, 19____

BY ORIGINAL SIGNED BY

JERRY SEXTON

TITLE DISTRICT SUPER.

This form is to be filed in compliance with RULE 1.54.

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 1.11.

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 multi-