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| U.S.G.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| 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-111  
Effective 1-1-65

I. Operator Tenneco Oil Company  
Address P.O. Box 1031, 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 ☐  
Other (Please explain) This well originally drilled & completed as Coastal State #1. We now request the well designation be changed to Coastal "A" State #3.  
If change of ownership give name and address of previous owner FLARED AFTER 10/4/71 THIS WELL HAS BEEN PLACED IN THE POOL  
UNLESS AN EXCEPTION TO R-4076 DESIGNATED BELOW IF YOU DO NOT CONCUR  
IS OBTAINED. NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Coastal "A" State Well No. 3 Pool Name, including Formation Flying "M" (San Andres) Kind of Lease State, Federal or Fee Lease No. L-188  
Location  
Unit Letter N : 1980 Feet From The West Line and 760 Feet From The South  
Line of Section 9 Township 9S Range 33E , NMPM, Lee County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>Mobil Oil Co (Trucks)</u>   | <u>Box 900, Dallas Texas 75221</u>                                       |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent) |
| <u>None - Vented</u>   |  |
| If well produces oil or liquids, give location of tanks.   | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
|  | <u>N 9 9S 33E No</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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input checked="" type="checkbox"/> |
| Date Spudded <u>8/13/71</u> Plug Back Comm. <u>8-3-71</u> | Date Compl. Ready to Prod. <u>8-3-71</u>   |
| Elevations (DF, RKB, RT, GR, etc.) <u>4630 GR</u>         | Name of Producing Formation <u>San Andres</u>  |
| Perforations <u>4485'-4516'</u>                           | Total Depth <u>9466' Orig TD</u>   |
|   | Top Oil/Gas Pay <u>4485'</u>   |
|   | Tubing Depth <u>4516</u>   |
|   | Depth Casing Shoe <u>9466'</u>   |

TUBING, CASING, AND CEMENTING RECORD

|                |                      |                  |                |
|----------------|----------------------|------------------|----------------|
| HOLE SIZE      | CASING & TUBING SIZE | DEPTH SET        | SACKS CEMENT   |
| <u>17 1/2"</u> | <u>13 3/8"</u>       | <u>351' KDB</u>  | <u>375 SKS</u> |
| <u>11"</u>     | <u>8 3/4"</u>        | <u>3950' KDB</u> | <u>950 SKS</u> |
| <u>7 1/2"</u>  | <u>5 1/2"</u>        | <u>9466' KDB</u> | <u>650 SKS</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 <u>8/4/71</u> | Date of Test <u>8/4/71</u>  | Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u> |                       |
| Length of Test <u>24 Hours</u>                | Tubing Pressure <u>25#</u>  | Casing Pressure <u>25#</u>                                | Choke Size <u>-</u>   |
| Actual Prod. During Test <u>121 Bbls.</u>     | Oil - Bbls. <u>115 Bbls</u> | Water - Bbls. <u>6 Bbls</u>                               | Gas - MCF <u>36.8</u> |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

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.

Carley Watkins  
(Signature)  
Sr. Prod. Clerk  
(Title)  
8/5/71  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED AUG 12 1971, 19\_\_\_\_  
BY [Signature]  
TITLE SUPERVISOR DISTRICT I

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 Forms C-104 must be filed for each pool in multiple completed wells