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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-110
Effective 1-1-65

I. Operator
Coastal States Gas Producing Company

Address
Box 235, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	To record initial connection of casing-
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	head gas to purchaser.
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner NA

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Flying "M" State	1	Flying "M" (Abo)	State, Federal or Fee State	OG-494
Location				
Unit Letter D	660	Feet From The north	Line and 660	Feet From The west
Line of Section 15	Township 9S	Range 33E	NMPM,	Lea 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)
Mobil Pipeline Company	P. O. Box 900, Dallas, Texas 75221
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Cities Service Oil Company	P. O. Box 300, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
D 15 9S 33E	Yes 10-13-67

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, 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					

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	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.

Division Production Superintendent

November 3, 1967

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen 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 conditions.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

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NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Coastal States Gas Producing Company				Lease Flying "M" State		Well No. 1	
Unit Letter D	Section 15	Township 9-S	Range 33-E	County Lea			
Pool Flying "M" (Abo)				Kind of Lease (State, Fed, Fee) State			
If well produces oil or condensate give location of tanks		Unit Letter D	Section 15	Township 9-S	Range 33-E		
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Magnolia Pipeline Company				Address (give address to which approved copy of this form is to be sent) Main Office: P. O. Box 900 Dallas, Texas Field: P. O. Box 606, Seminole, Texas			
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>		Date Connected	Address (give address to which approved copy of this form is to be sent)				

If gas is not being sold, give reasons and also explain its present disposition:

Flared - No Present Market.

REASON(S) FOR FILING (please check proper box)

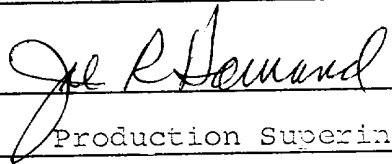
New Well <input type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

Remarks

Change in Transporter from McWood Corporation, effective December 21, 1964.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 17th day of December, 1964

OIL CONSERVATION COMMISSION		By
Approved by		
Title		Production Superintendent
Date		Company Coastal States Gas Producing Company
		Address P. O. Box 2498, Abilene, Texas

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NEW MEXICO OIL CONSERVATION COM SION
SANTA FE, NEW MEXICO
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator **Coastal States Gas Producing Company** Flying M State Well No. **1**

Unit Letter **D** Section **15** Township **9-S** Range **33-E** County **Lea**

Pool **Flying M Abo** Kind of Lease (State, Fed, Fee) **State**

If well produces oil or condensate give location of tanks Unit Letter **D** Section **15** Township **9-S** Range **33-E**

Authorized transporter of oil ☒ or condensate ☐
McWood Corporation Address (give address to which approved copy of this form is to be sent)
**306 V & J Tower Building
Midland, Texas**

Is Gas Actually Connected? Yes _____ No ☒ _____

Authorized transporter of casing head gas ☐ or dry gas ☐ Date Connected _____ Address (give address to which approved copy of this form is to be sent) _____

If gas is not being sold, give reasons and also explain its present disposition:

Flared - No Present Market

REASON(S) FOR FILING (please check proper box)

New Well ☐ Change in Ownership ☒
Change in Transporter (check one) Other (explain below)
Oil ☐ Dry Gas ☐
Casing head gas . ☐ Condensate.. ☐ **Effective April 1, 1964**

Remarks

ORIGINALLY AMERICAN MANNEX CORPORATION'S FLYING M STATE #1

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **4th** day of **March**, 19 **64**

OIL CONSERVATION COMMISSION

Approved by

Title

Date

By

Title

Company

COASTAL STATES GAS PRODUCING COMPANY

Address

P. O. Box 385, Abilene, Texas