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TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)

Santa Fe, New Mexico

Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE 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

2/8/62

(Place)

(Date)

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

Coastal States Gas Producing Co. Lea State, Well No. 2, in SE 1/4 NW 1/4,

(Company or Operator)

(Lease)

D 2, Sec 2, T 9-S, R 36-E, NMPM, Allison-Penn Pool

Unit Letter
LeaCounty Date Spudded 10/3/61 Date Drilling Completed 11/11/61
Elevation 4060.90 Total Depth 9784' FBTD 9778'

Please indicate location:

D X	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay 9763' Name of Prod. Form. Bough "C"

PRODUCING INTERVAL -

Perforations 9758' - 9762'

Open Hole Depth 9783' Depth 9769'
Casing Shoe Tubing

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): 82 bbls. oil, 80 bbls water in 24 hrs, 0 min. Size 1" 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): 300 Gals 15% NE Acid

Casing Press. 0# Tubing Press. 0# Date first new oil run to tanks 2-6-62

Oil Transporter Mobil Oil Company

Gas Transporter

Remarks:

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

Approved February 8, 1962 Coastal States Gas Producing Company

(Company or Operator)

By: (Signature)

District Land Manager

Title

Send Communications regarding well to:
Coastal States Gas Producing Co.

Address P. O. Box 385, Abilene, Texas

OIL CONSERVATION COMMISSION

By: (Signature)

Title