HUM PR OF COP DI BANTA FF PILE			NEW MEXICO OIL CONSERVATION COMMISSION (Form C-104) Santa Fe. New Mexi
U.B. 6.B. LAND OFFICE TRANSPORTER PROMATION OFFI OFFRATOR			REQUEST FOR (OIL) - (GAS) ALLOWARLE HOBBS OFFICE 0. C. C. New Well Recompletion by the operator before an initial allowable will be assigned to any completed Oil or Gas well.
Form C-10 able will b month of	14 is to be s e assigned completion	ubmitted in (effective 7:06 or recomple	QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allow- 0 A.M. on date of completion or recompletion, provided this form is filed during calendar etio: The completion date shall be that date in the case of an oil well when now oil is deliv- ist be reported on 15.025 psia at 60° Fahrenheit.
		•	Abilene, Texas 3-3-64 (Place) (Date)
WE ARE Coasta (C F	HEREBY 1 State ompany or S	REQUESTI es Gas P Operator) ec. 21	ING AN ALLOWABLE FOR A WELL KNOWN AS: producing Co's Well No. 1 NW 1/4 NW 1/4, (Lease) Jule 2 a t T. 9-S, R. 33-E, NMPM., Undesignated Pool
			County, Date Spudded 9-10-63 Date Drilling Completed 11-7-63
Ple	ase indicate		Elevation 4362.6 GL Total Depth 9407' PBTD 9300' Top Oil/Gas Pay 4502' Name of Prod. Form. San Andres
D	C I	3 A	PRODUCING INTERVAL - 4502 - 18'
E	F (X) H	Perforations
L	K	J I	OIL WELL TEST - Natural Prod. Testi <u>49</u> bbls.oil, <u>87</u> bbls water in <u>24</u> hrs, <u></u> min. SizeDP Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
M	N) P	load oil used): <u>47</u> bbls.oil, <u>67</u> bbls water in <u>24</u> hrs, <u></u> min. SizePump GAS WELL TEST -
<u> </u>	(FOUTAGE)	ementing Rang	
Sire	Feet	Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed
13-3/	<u>′8'' 40</u>	5 350	Choke SizeMethod cf Testing:
8-5/	′8' 399	3 400	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1000 Gals BDA 15% HCL Acid
5- ¹ 2"	9400.	13 350	Casing Pkr Tubing 125 Date first new February 24, 1964 Press. McWood Corporation
2-7/			Gas Transporter None
Remarks:	£•••••••••••••••	•••••	
I her	eby certify	that the info	formation given above is true and complete to the best of my knowledge. COASTAL STATES GAS PRODUCING COMPANY (Company or Operator)
	•		N COMMISSION By: Lene Miller (Signature)
By f Title	T	LYNEED LL	Title Production Engineer Send Communications regarding well to: Name Coastal States Gas Producing Co.
			Address P. O. Box 385, Abilene, Texas

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