

If drill-stem or other special tests or deviation surveys were made, submit report on separate sheet and attach hereto

Rotary tools were used from 0 feet to 4600 feet, and from _____ feet to _____ feet
Cable tools were used from _____ feet to _____ feet, and from _____ feet to _____ feet

Put to Producing..... June 17....., 19 64.

OIL WELL: The production during the first 24 hours was.....101.....barrels of liquid of which.....90.....% was
was oil;0.....% was emulsion;10.....% water; and.....0.....% was sediment. A.P.I.
Gravity.....19.2.....

GAS WELL: The production during the first 24 hours was.....M.C.F. plus.....barrels of liquid Hydrocarbon. Shut in Pressure.....lbs.

Length of Time Shut in.....

Southeastern New Mexico

T. Anhy.....	1885	T. Devonian.....	T. Ojo Alamo.....
T. Salt.....		T. Silurian.....	T. Kirtland-Fruitland.....
B. Salt.....		T. Montoya.....	T. Farmington.....
T. Yates.....		T. Simpson.....	T. Pictured Cliffs.....
T. 7 Rivers.....		T. McKee.....	T. Menefee.....
T. Queen.....		T. Ellenburger.....	T. Point Lookout.....
T. Grayburg.....		T. Gr. Wash.....	T. Mancos.....
T. San Andres.....	3720'	T. Granite.....	T. Dakota.....
T. Glorieta.....		T. D - 4600'	T. Morrison.....
T. Drinkard.....		T.	T. Penn.....
T. Tubbs.....		T.	T.
T. Abo.....		T.	T.
T. Penn.....		T.	T.
T. Miss.....		T.	T.

Northwestern New Mexico

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	1885	1885	Redbeds				
1885	3720	1815	Red Shale, Anhydrite, Salt				
3720	4600	880	Dolomite				

I hereby swear or affirm that the information given herewith is a complete and correct record of the well and all work done on it so far as can be determined from available records.

Company or Operator Coastal States Gas Producing Co. Address P- 0- Box 385, Abilene, Texas
Name Joe R. Howard Position or Title Production Superintendent

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LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

HOODS OFFICE O. C. C. 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

June 17, 1964

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: **Coastal States Gas Producing Company-Southern Minerals State**, Well No. **2-16**, in **NW** $\frac{1}{4}$ **SW** $\frac{1}{4}$,
(Company or Operator) (Lease)

Undesignated

Pool

Unit Letter
L

Sec. **16**

T. **9-S**

R. **33-E**

NMPM,

County. Date Spudded **6-1-64**

Date Drilling Completed **6-11-64**

Elevation **4384.4'** Total Depth **4600'** PBD **----**

Top Oil/Gas Pay **4476'** Name of Prod. Form. **San Andres**

PRODUCING INTERVAL -

Perforations **4476 - 82'**

Open Hole **-----** Depth **-----** Depth Casing Shoe **-----** Tubing **4460'**

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 Choke load oil used): **90.9** bbls. oil, **10.1** bbls water in **24** hrs, **0** min. Size **-----**

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): **1000 Gals BDA**

Casing Tubing Date first new **June 17, 1964**
Press. Press. oil run to tanks

Oil Transporter **The Permian Corporation**

Gas Transporter **-----**

Remarks:

Delayed Production

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

Approved: **JUN 18 1964**, 19**64**

COASTAL STATES GAS PRODUCING COMPANY

(Company or Operator)

By: **Joe P. Howard**

(Signature)

Production Superintendent

Title: **-----**

Send Communications regarding well to:

Name: **Coastal States Gas Producing Co.**

Address: **P. O. Box 385, Abilene, Texas**

OIL CONSERVATION COMMISSION

By: **-----**

Title: **-----**