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PRODUCTION OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

## 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 QUADRUPPLICATE 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

5-10-65

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: COASTAL STATES GAS PRODUCING CO'S Southern Minerals State 16, Well No. 3, in NW 1/4 SE 1/4,

(Company or Operator)

(Lease)

J, Sec. 16, T. 9-S, R. 33-E, NMPM, Flying "M" (San Andres) Pool

Unit Letter

Lea

County. Date Spudded. 4-20-65 Date Drilling Completed 4-29-65

Elevation 4367.7' GR Total Depth 4600' PBDT

Please indicate location:

Top Oil/Gas Pay 4478' Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 4478 - 88', 4500 - 4510'

Open Hole Depth Casing Shoe Depth Tubing 4515'

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): 92.5 bbls. oil, 17.5 bbls water in 24 hrs, 0 min. Size 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): 1000 Gals BDA

Casing Tubing Date first new oil run to tanks May 4, 1965

Oil Transporter Magnolia Pipeline Company

Gas Transporter

Remarks:

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

Approved, 19

COASTAL STATES GAS PRODUCING COMPANY

(Company or Operator)

By: (Signature)

(Signature)

OIL CONSERVATION COMMISSION

By:

Title Production Superintendent

Send Communications regarding well to:

Name Coastal States Gas Producing Co.

Address P. O. Box 2498, Abilene, Texas

Title