1.	wb. of confirmer centre       DISTRIBUTION       SANTA FE       FILE       U.S.G.S.       LAND OFFICE       TRANSPORTER       OIL       TRANSPORTER       OPERATION OFFICE		FOR ALLOWABLE AND ANSPORT OIL AND N		Form C-104 Supersedes Old Effective 1-1-65 AS			
	Coastal Oil & Gas Corporation							
	Address P.O. Box 235 Midl: Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership X	and, TX 79702		explain)				
	If change of ownership give name and address of previous owner	Gas Producing Enterpris	es, Inc., P.O.	Box 235,	Midland, TX 79	970 <b>2</b>		
17	DESCRIPTION OF WELL AND LEASE							
	Lesse Name Flying "M"(SA) Unit Tr.	Well No. Pool Name, Including F		Kind of Lease State, Federal	or Fee FEE	Leose No.		
	Location				East			
		) Feet From The South Lin		_ Feet From Th	ea			
	Line of Section 28 Tov	wnship 9S Range	33Е , ммрм,	Ľ	ea	County		
ш.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA           Image: Condensate	Address (Give address t	o which approve	d copy of this form is to	be sensj		
	Nobil Pipe Line Co.		P.O. Box 900, Dallas, TX 75221 Address (Give address to which approved copy of this form is to be sent)					
	Cities Service Co.		P.O. Box 300, Tulsa, OK 74102					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. J 29 95 33E	is gas actually connecte Yes	d? įWhen ł	7-18-68			
	If this production is commingled with that from any other lease or pool, give commingling order number: N/A COMPLETION DATA							
1 .	Designate Type of Completic	on - (X)	New Well Workover	Deepen	Plug Back   Same Restv	. Dill. Restv.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	<u> </u>	P.B.T.D.	-i		
	Elevations (DF, RKB, KT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
	Perforations		<u> </u>		Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEME	NT		
				-				
		1						
<b>v</b> .	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-							
į	able for this depth or be for full 24 hours) OII, WEIL Date First New Oli Run To Tanks Date of Test Producing Method (Flow, pump, cas lift, etc.)							
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size			
	Actual Pred, During Test	Cil-Bbie.	Water-Bbls,		Gas-MCF			
		•	L					
	GAS WELL	E	· · · · · · · · · · · · · · · · · · ·					
	Actual Frod. Test-MCF/D	Length of Test	Bbla. Condensate/MMCF		Gravity of Condensate			
	Testing kielkod (pitol, back pr.)	Tubing Freesews (Shut-18)	Cosing Pressure (Shut-	in)	Choke Size			
{ VI.	CERTIFICATE OF COMPLIANC	CE	OIL C		ION COMMISSION			
	I hereby certify that the rules end r	egulations of the Oil Conservation	APPROVED 19					
	Commission have been complied w above is true and complete to the	ith and that the information given	BY Orig. Signed by John Runyan					
			TITLE Geologist					
	MH Williamson			ant for allowal	mpliance with RULE to ble for a newly drilled	or deepened		
-	PL-II- (Signa	itwe)	<ul> <li>If this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.</li> <li>All sections of this form must be filled out completely for shows able on new and recompleted wells.</li> <li>Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such changes of condition.</li> <li>Separate Forms C-104 must be filled for each pool in multiply</li> </ul>					
	<u>District</u> Administrat							
	June 12, 1980(Data	(0)						

1.	DETRIBUTION DETRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPEFATOR PROFATION OFFICE Operator Gas Producing Enterp Address P.O. Box 235, Midlan	REQUEST F AUTHORIZATION TO TRAN	ONSERVATION COMMISSION OR ALLOWABLE AND NSPORT OIL AND NATURA	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65 NL GAS					
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Concestif If change of ownership give name and address of previous owner	Change in Transporter of: Cil Dry Gas Casinghead Gas Condens Coastal States Gas Produ	sale	ox 235, Midland, TX 79702					
1).	DESCRIPTION OF WELL AND I	Vell No. Pool None, Including ro	State F	Lease Lease No. aderal or Fee					
	20	27     1     Flying "M" San       0     Feet From The South Line       nship     95     Range 33	and 2120 Feel F	rom The East					
RI.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Variess force acquest to mitter -	approved copy of this form is to be sent)					
•	Mobil Pipe Line Compan Name of Authorized Transporter of Cast	v	P.O. Box 900, Dallas, TX 75221 Address (Give address to which approved copy of this form is to be sent)						
	Cities Service Company		P.O. Box 300, Tulsa	, OK 74102					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. J 29 98 33E	Yes	7-18-68					
	If this production is commingled with	h that from any other lease or pool, g	give commingling order number:						
IV.	COMPLETION DATA Designate Type of Completio	Oil Well Gas Well	New Well Workover Despe	n Plug Back Same Res'v. Diff. Res'					
	Designate Type of Completio Dete Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
		Name of Froducing Formation	Top O!!/Gas Pay	Tubing Depth					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Poinscrion		D. H. Coolea Shaa					
	Perforations Depth Casing Shoe								
			CEMENTING RECORD	SACKS CEMENT					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET						
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allo oil, WELL able for this depth or be for full 24 hours)								
	Date First New Oil Run To Tanks	Date of Test	Froducing Method (Flow, pump,	gas lijt, etc.j					
	Length of Test	Tubing Freesure	Casing Pressure	Choke Size					
	Actual Pred. During Teel	Cil-Btla.	Water-Bble.	Gae-MCF					
	GAS WELL Actual Prod. Teal-MCF/D	Length of Test	Bbla. Condensate/MMCF	Gravity of Condeneale					
	Testing kisthod (pilot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Cheke Size					
	CERTIFICATE OF COMPLIAN	<u> </u>		RVATION COMMISSION					
VI	t		APPROVED						
	I hereby certify that the rules and the Commission have been compiled w	egulations of the Oil Conservation with and that the information given best of my knowledge and belief.	BYJerry Sexton						
	BOONE IS THE BUG COMPLETE TO THE	· · · · · · · · · · · · · · · · · · ·	TITLE						
	District Administration $\sqrt{3/9}$	ve Supervisor	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despen well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordence with RULE 111. All sections of this form must be filled out completely for allo able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of own well name or number, or transporter, or other such change of condition Separ to I other Calcin and be filled for each y of in colli-						