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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE O. C. C.
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator Coastal States Gas Producing Company Address P. O. Box, 235, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Flying M (SA) Un. Tr. 16	Well No. 3	Pool Name, Including Formation Flying M (SA)	Kind of Lease State, Federal or Fee State	Lease No. OG 5083
Location Unit Letter 0 ; 659.3 Feet From The south Line and 1985.4 Feet From The east Line of Section 21 Township 9S Range 33E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900, Dallas, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> - - - -	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 29
	Twp. 9S	Rge. 33E
	Is gas actually connected? No	When - - -

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6-7-67	Date Compl. Ready to Prod. 6-23-67		Total Depth 4580'		P.B.T.D. 4549'			
Elevations (DF, RKB, RT, GR, etc.) 4344.1'	Name of Producing Formation San Andres		Top Oil/Gas Pay 3738'		Tubing Depth 4545			
Perforations 4502-15'; 4533-36'					Depth Casing Shoe 4550'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11	8-5/8		295'		200			
7-7/8	4-1/2		4579'		250 sx Cl C 1:1 Kitepor			
	2-3/8		4545'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 6-25-67	Date of Test 6-25-67	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure Nil	Casing Pressure	Choke Size - - -
Actual Prod. During Test 156	Oil - Bbls. 109	Water - Bbls. 47	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Joe R Howard / BPh
(Signature)

Division Production Superintendent
(Title)

June 27, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.