| NO. OF COPIES RECEIVED | | | |
|------------------------|-----|--|--|
| DISTRIBUTION | | | |
| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |

October 3, 1969

(Date)

| | SANTA FE | TILE $\mathcal{C}_{\mathcal{C}_{\mathcal{I}}}$ AND | | Form C-104 Supersedes Old C-104 and C-11 | | |
|-------------------------------------|---|--|---|---|--|--|
| | FILE | | | Effective 1-1-65 | | |
| | U.S.G.S. | AUTHORIZATION TO TRA | ÁNSPORT OIL AND NATURAL (| GAS | | |
| | LAND OFFICE | | | | | |
| | TRANSPORTER OIL | | . | | | |
| | GAS OPERATOR | _ | | | | |
| | PRORATION OFFICE | | | | | |
| 1. | Operator | | - | **** | | |
| | Coastal States Gas Pro | oducing Company | | | | |
| | Address | | | | | |
| P. O. Box 235, Midland, Texas 79701 | | | | | | |
| | Reason(s) for filing (Check proper bo | | Other (Please explain) | | | |
| | New Well | Change in Transporter of: | <u> </u> | | | |
| | Recompletion | Oil Dry Go | ≒ ! | | | |
| | Change in Ownership X | Casinghead Gas Conde | ensate [] | | | |
| | If change of ownership give name | Namidana Prosebana Odii 6 | Cas Company D O Por | 2052 Abilana Tayas | | |
| | and address of previous owner | Harding Brothers Ull & | Gas Company, P. O. Box | 2002, Aprilene, Texas | | |
| 11 | DESCRIPTION OF WELL AND | TEASE | | | | |
| 11. | Lease Name Well No. Pool Name, Including Formation Kind of Lease Leas | | | | | |
| | Locker 1 Cross Roads Slaughther Ext. State, Federal or Fee Fee | | | | | |
| | Location | | | | | |
| | Unit Letter H ; 198 | BO Feet From The North Lin | ne and 660 Feet From | The East | | |
| | ,, | | | | | |
| | Line of Section 25 To | ownship 9 S Range | 35E , NMPM, Lea | County | | |
| | | | | | | |
| III. | DESIGNATION OF TRANSPOR | RTER OF OIL AND NATURAL GA | AS | and any of this form is to be seen | | |
| | Name of Authorized Transporter of O | il 🔀 or Condensate 🗔 | Address (Give address to which appro | | | |
| | The Permian Corporation | on | P. O. Box 3119, Midla Address (Give address to which appro | and, Texas 79701 | | |
| | Name of Authorized Transporter of C | asinghead Gas or Dry Gas | Address fifte daaress to writer appro | real copy of this form is to be sent) | | |
| | | Unit Sec. Twp. Rge. | Is gas actually connected? Wh | en | | |
| | If well produces oil or liquids, | | | ien | | |
| | give location of tanks. | H 25 9S 35E | No | | | |
| | | with that from any other lease or pool, | give commingling order number: | | | |
| IV. | COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | | |
| | Designate Type of Complet | ion = (X) | x | | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | |
| | 10-12-67 | 3-14-68 | 4863 | 4863 ° | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | |
| | 4084 GR | San Andres | 4828 | 4800 | | |
| | Perforations | | | Depth Casing Shoe | | |
| | 4834'-4852' | | | 4863" | | |
| | TUBING, CASING, AND CEMENTING RECORD | | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | |
| | 10-3/4 | 8-5/8 | 402' | | | |
| | 7-7/8 | 4-1/2 | 4863 ' | 420 sxs | | |
| | | | | | | |
| | | TOP ALLOWANTE OF A | \(\frac{1}{2}\) | and must be equal to or exceed top allow- | | |
| V. | TEST DATA AND REQUEST I | FOR ALLOWABLE (Test must be able for this d | agger recovery of total volume of load oil epth or be for full 24 hours) | and must be equal to or exceed top allow- | | |
| | Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas li | ift, etc.) | | |
| | 2-10-68 | 3-14-68 | Pump | | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | |
| | 24 hours | None | None-packer on css. | | | |
| | Actual Prod. During Test | Oil-Bbls. | Water - Bbls. | Gas - MCF | | |
| | 100 bbls | 20 bbls | 80 bbls | | | |
| | <u> </u> | - | | | | |
| | GAS WELL | | | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | |
| | | | Casing Pressure (Shut-in) | Choke Size | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Budc-111) | Chore Size | | |
| | | | + | | | |
| VI. | CERTIFICATE OF COMPLIAN | NCE | OIL CONSERVA | ATION COMMISSION | | |
| | I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given | | APPROVED | | | |
| | | | | | | |
| | above is true and complete to the | he best of my knowledge and belief. | BY Many | | | |
| | • | | | | | |
| | ıJ | | 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. | | | |
| | $\bigcap_{a} \rho / l$ | O | | | | |
| | The Extrement | <u> </u> | | | | |
| | // (Sig | nature) | | | | |
| | Division Production M | nager | All sections of this form m | ust be filled out completely for allow- | | |
| | [] | Title) | able on new and recompleted w | £119: | | |

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.