

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

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator
Coastal States Gas Producing Company

Address
Box 235, Midland, Texas 79701

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner **NA**

II. DESCRIPTION OF WELL AND LEASE

UNDESIGNATED

Lease Name Gonsales-Federal	Well No. 7	Pool Name, Including Formation Flying "M" (San Andres)	Kind of Lease Federal	Lease No. NM-2510
Location Unit Letter B ; 525.1 Feet From The North Line and 2121.8 Feet From The East Line of Section 33 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None - vented	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 33 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 checked="" 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 10-3-67	Date Compl. Ready to Prod. 10-20-67	Total Depth 4580'	P.B.T.D. --
Elevations (DF, RKB, RT, GR, etc.) 4309.7' GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 4528'	Tubing Depth 4574'
Perforations 4528-59			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11	8-5/8	298'	200 8X8 CLASS "A"
7-7/8	4-1/2	4580'	200 8X8 CLASS "C"
4-1/2	2-3/8	4574'	- - -

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)

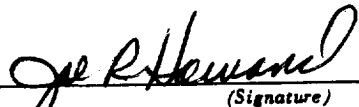
Date First New Oil Run To Tanks 10-20-67	Date of Test 10-28-67	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure - - -	Casing Pressure - - -	Choke Size Open
Actual Prod. During Test 121	Oil-Bbls. 110	Water-Bbls. 11	Gas-MCF 53

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.


(Signature)
Division Production Superintendent
(Title)
October 31, 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.