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| TRANSPORTER | OIL GAS |
| OPERATOR | |
| PRORATION OFFICE | |

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

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

| | | | | |
|--|----------------------|--|---|-----------------------------|
| Lease Name Gonsales-Federal | Well No. 9 | Pool Name, Including Formation Flying M (San Andres) | Kind of Lease State, Federal or Fee Federal | Lease No. NM-2510 |
| Location Unit Letter H ; 1843.7 Feet From The north Line and 796.7 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 H | 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 | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded 12-5-67 | Date Compl. Ready to Prod. 12-22-67 | | Total Depth 4625 | | P.B.T.D. 4610 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4292.2' GL | Name of Producing Formation San Andres | | Top Oil/Gas Pay 4595-4602 | | Tubing Depth 4610 | | | |
| Perforations 4595-4602 with one 1/2" JSPF | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 11 | 8-5/8 | | 289 | | 200 | | | |
| 7-7/8 | 4-1/2 | | 4623 | | 277 | | | |
| | 2-3/8 | | 4610 | | | | | |

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 12-23-67 | Date of Test 1-1-68 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 | Tubing Pressure - - - | Casing Pressure 30# | Choke Size 2 1/2" |
| Actual Prod. During Test 235 | Oil-Bbls. 116 | Water-Bbls. 119 | 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.


(Signature)

Division Production Superintendent

(Title)

January 2, 1968

(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.

