DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  GAS  OPERATOR  PRORATION OFFICE  Coperator  Coquina Oil Corpor  Address  418 Building of the Reason(s) for filing (Check proper box, New Well  Recompletion	NO. OF COPIES RECEIVED				
FILE  U.S.G.S.  LAND OFFICE  I RANSPORTER GAS  OPERATOR  PROPATION OFFICE  Coquina Oil Corpor  Address  418 Building of the Reason(s) for filing (Check proper box, New Well	DISTRIBUTION				
U.S.G.S.  LAND OFFICE  I HANSPORTER OIL  GAS  OPERATOR  PRORATION OFFICE  Coquina Oil Corpor  Address  418 Building of the Reason(s) for filing /Check proper box, New Well	SANTA FE				
LAND OFFICE  IRANSPORTER OIL  GAS:  OPERATOR  PRORATION OFFICE  Coquina Oil Corpor  Address  418 Building of the Reason(s) for filing / Check proper box, New Well	FILE	_   _			
OPERATOR PRORATION OFFICE Coperator Coquina Oil Corpor Address 418 Building of the Reason(s) for filing /Check proper box, New Well	U.S.G.S.				
OPERATOR PRORATION OFFICE Condina Oil Corpor Address 418 Building of the Reason(s) for filing (Check proper box, New Well	LAND OFFICE				
OPERATOR  PRORATION OFFICE  Coquina Oil Corpor  Address  418 Building of the Reason(s) for filing /Chack proper box, New Well	I RANSPORTER OIL				
PRORATION OFFICE  Coquina Oil Corpor  Address  418 Building of the Reason(s) for filing /Check proper box, New Well		5			
Coquina Oil Condor Address 418 Building of th Reason(s) for filing (Chack proper box, New Well	OPERATOR				
Coquina Oil Corpor Address  418 Building of th Reason(s) for filing /Check proper box, New Well	PROPATION OFFICE				
418 Building of the Reason(s) for filing /Check proper box,	Operator				
418 Building of the Reason(s) for filing (Check proper box, New Well		1 Corpor			
Reason(s) for filing (Check proper box,	Address				
New Well	418 Buildi	ng of th			
	Reason(s) for filing (Chec	k proper bo <b>x</b> ,			
Recompletion	New Well				
<del>= -</del>	Recompletion				
Change in Ownership X	Change in Ownership X				

2-12-71

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE		AND	- 7	
	U.S.G.S.	AUTHORIZATION TO TRA	MSPORT OIL AND NATURAL	GA3	
	IRANSPORTER OIL				
	GAS				
	OPERATOR PROPATION OFFICE				
1.	Operator				
	Coquina Oil Corpor	ration			
		e Southwest, Midland, Ta	exas 79701		
	Reason(s) for filing (Check proper box)	)	Other (Please explain)		
	New Velt	Change in Transporter of:  Oti Dry Ga	s		
	Recompletion Change in Ownership X	Casinghesi Gas Conder			
	If change of ownership give name	McGrath & Smith Inc.	119 Rida of the Southwes	st Midland Toyas 79701	
	and address of previous owner	mediath a Shitth, The.,	+10 bing of the southher	sc, marana, rexas 75701	
11.	DESCRIPTION OF WELL AND I	LEASE		se Legse No.	
	Lease Name Federal 3	Well No. Pool Name, including F  1 Vada Penn		clorFee Federal NM073791	
	Location	1 ; vaua reim		1 eder a 1 1073731	
	<b>1</b> —	O Feet From The West Lin	e and <u>660</u> Feet From	The North	
	J			County	
	Line of Section 3 Tow	vnship 9-S Range	35-E , NMPM, Lea	334117	
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS  + Address (Give address to which appr	aved conv of this form is to be sent)	
	Name of Authorized Transporter of Off				
	Mobil Pipe Line Co	ompany singhead Gas XX or Dry Gas	P. O. Box 900, Dallas, Address (Give address to which appr	oved copy of this form is to be sent)	
	Warren Petroleum C	Corporation	P. O. Box 1589, Tulsa,	Oklahoma	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	10 440 -011-117	hen 1070	
	give location of tanks.	C 3 9-S 35-E		June, 1970	
IV.	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,		Plug Back   Same Resty. Diff. Resty.	
- • •	Designate Type of Completic	$\operatorname{Orl} Well$ Gas Well $\operatorname{Orn} - (X)$	New Well Workover Deepen	Plug Bdok Same Nesvt. Dim. Nesvt.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
				Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
			D. 05.0717 N.O. D.C.0000		
		TUBING, CASING, AN	D CEMENTING RECORD DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TOBING 5122			
11	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be o	after recovery of total volume of load o	il and must be equal to or exceed top allow-	
٧	OIL WELL	able for this d	epth or be for full 24 hours) Producing Method (Flow, pump, gas		
	Date First New Oil Run To Tanks	Date of Test	Producting months (1)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
		201 201-	Water - Bb.s.	Gas - MOF	
	Actual Prod. During Test	Cti-Bbis.			
	GAS WELL	Length of Test	Bols, Condensate/VMCF	Gravity of Condensate	
	Actual Prod. Test-MOF/D	Length of rest	Balar Collisionary Financia	·	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-ia)	Casing Pressure (Shut-in)	Choke Size	
				(A T10) (CO) MUSSION	
VI	CERTIFICATE OF COMPLIAN	CE	OIL CONSER!	VATION COMMISSION	
	* to call and a state and an and	regulations of the Oil Conservation	APPROVED	, 19	
	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.		ay July Thing		
	above is true and complete to th		- I JUPERVISO	OR DISTRICT I	
			111/29		
	1/1stanlow		This form is to be filed in compliance with RULE 1104.  If this is a request for showable for a newly drilled or despand		
	(Signature)		well, this form must be accome tests taken on the well in ac-	well, this form must be accompanied by a tabulation of the deviation of the tests taken on the well in accordance with RULE 111.	
	Superintendent	V.J. 1	- All eactions of this form	must be filled out completely for allow	
	(Title)		able 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