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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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  
**P. O. 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)  
**3/10/72**  
**IS OBTAINED**

If change of ownership give name and address of previous owner

THIS WELL IS NOT PRODUCING IN THE POOL  
AND DOES NOT CONCUR

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Gonsales Federal "31"</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Unders., Flying "M" (SA)</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM 14204</b>
Location Unit Letter <b>H</b> ; <b>660</b> Feet From The <b>East</b> Line and <b>1980</b> Feet From The <b>North</b> Line of Section <b>31</b> Township <b>9-South</b> Range <b>33-East</b> , NMPM, <b>Lea</b> 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"/> <b>Mobil Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 900, Dallas, Texas 75221</b>	
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>J</b>	Sec. <b>31</b>
	Twp. <b>9-S</b>	Rge. <b>33-E</b>
	Is gas actually connected? <b>No</b>	
	When	

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

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 <b>12-26-71</b>	Date Compl. Ready to Prod. <b>1-10-72</b>		Total Depth <b>4370</b>		P.B.T.D. <b>-0-</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>4257.7 GR</b>	Name of Producing Formation		Top Oil/Gas Pay <b>4261</b>		Tubing Depth			
Perforations <b>4261-67', 4268-72', 4279-86', 4288-94'</b>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>11"</b>	<b>8-5/8"</b>		<b>371'</b>		<b>250 sxs</b>			
<b>7-7/8"</b>	<b>4-1/2"</b>		<b>4370'</b>		<b>200 sxs</b>			
<b>4-1/2"</b>	<b>2-3/8"</b>							

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 <b>1-10-72</b>	Date of Test <b>1-17-72</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure <b>0</b>	Casing Pressure <b>0</b>	Choke Size <b>2"</b>
Actual Prod. During Test <b>30</b>	Oil-Bbls. <b>30</b>	Water-Bbls. <b>60</b>	Gas-MCF <b>TSTM</b>

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.

**Division Production Manager**  
(Title)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

**SUPERVISOR DISTRICT I**

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 deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable request.