## DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE REQUEST FOR ALLOWABLE FILE AND U.S.G.5. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS **OPERATOR** PRORATION OFFICE Operator Coastal States Gas Producing Company Address P. O. Box 235, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) X New Well Change in Transporter of: CARCHECE X Recompletion Oil Dry Gas Change in Ownership Casinghead Gas UNLESS AN EXCEPTION TO R-4070 IS OBTAINED. If change of ownership give name and address of previous owner \_\_\_\_ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including F Mattie Price 1 Vada Penn Location 1980 Feet From The South Li Unit Letter 8 Township 9-S Line of Section Range 3 II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GA Mobile Pipe Line Name of Authorized Transporter of Casinghead Gas \_\_\_\_\_ or Dry Gas \_\_\_\_

Two.

TUBING, CASING, AN

CASING & TUBING SIZE

13-3/8 8-5/8

5-1/2

Date of Test

-0-

Oil - Bbls.

<u>560</u>

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.

(Title)

(Date)

Length of Test

Tubing Pressure (Shut-in )

8-24-72 ubing Pressure

8

Date Compl. Ready to Prod.

Name of Producing Formation

Oil Well

X

Unit

If this production is commingled with that from any other lease or pool,

Designate Type of Completion - (X)

V. TEST DATA AND REQUEST FOR ALLOWABLE

If well produces oil or liquids, give location of tanks.

Elevations (DF, RKB, RT, GR, etc.)

9676-9692'

Date First New Oil Run To Tanks

HOLE SIZE

V. COMPLETION DATA

Date Spudded

Perforations

7-15-72

4298.8

17-1/2

11 7-7/8

OIL WELL

Length of Test 24

817

**GAS WELL** 

8-22-72

Actual Prod. During Test

Actual Prod. Test-MCF/D

8-29-72

Testing Method (pitot, back pr.)

I. CERTIFICATE OF COMPLIANCE

Division Production Manager

P.ge.

Gas Well

9-S 34-E

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

22/22

ormation		Kind of Lea:	se		Lease No.	
		State, Federal or Fee Fee		e		
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and 660	)	Feet From	The West			
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-E , NMPM, Lea					County	
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					be sent)	
Address (Gi	30X 900,	Dallas	Texas	75221		
Address (M	ve autoress i	o which appro	oved copy by th	is joint is to	v de senti	
Is gas actua	illy connecte	ed 2 W	nen			
No	,	; ···				
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ive commin	gling order	number:	<del></del>		<del></del>	
New Well	Workover	Deepen	Plug Back	Same Res	v. Diff. Restv	
X	1	1	1	F I	1	
Total Depth	1		P.B.T.D.	<u> </u>		
				-0-		
Top Oil/Gas Pay			Tubing Depth			
			9632			
			Depth Casir	g Shoe		
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CEMENTIN	G RECOR	D				
DEPTH SET			·	SACKS CEMENT		
371'			350 sxs.			
3962'				300 sxs.		
9706'			200 sxs.			
				<del> </del>		
er recovery o th or be for f			and must be ed	qual to or ex	ceed top allow	
		, pump, gas l	ift, etc.)			
Pump	,					
Casing Pressure			Choke Size	Choke Size		
-0-			2"			
Water - Bbls.			Gas-MCF			
257			224			
Bbls. Condensate/MMCF		Gravity of C	Condensate			
			<del>    </del>			
Casing Pres	sure (Shut-	-1n j	Choke Size			
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	OILC	ONSERVA	ATION CON	MISSION		
( )		SEP	1978			
APPROV		JA			19	
BY_	Ble-	TYXA	400			
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			compliance w			
If thi	e is a requ	est for allo	wable for a ne	wly drille	d or deepene	
well, this	form must	be accompa	anied by a tab	oulation of	the deviation	

All sections of this form must be filled out completely for allow-

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.

able on new and recompleted wells.

CELVED

AUS 5 0 1072 OIL CONSERVATION COMM. HOBUS, N. M.