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LAND OFFICE		
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
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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Flying "M" Unit Tr. 24	Well No. 1	Pool Name, including Formation San Andres	Kind of Lease State, Federal or Fee Fee	Lease No. --
Location Unit Letter K ; 1980 Feet From The west Line and 1980 Feet From The south Line of Section 29 Township 9-south Range 33-east , 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"/> Mobil Oil Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 633, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service	Address (Give address to which approved copy of this form is to be sent) Box 300, Tulsa, Oklahoma 74102			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 29	Twp. 9-S	Rge. 33-E
	Is gas actually connected?		When yes --	

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	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-21-74	Date Compl. Ready to Prod. 4-6-74	Total Depth 4450'		P.B.T.D. 4417'					
Elevations (DF, RKB, RT, GR, etc.) 4342.1 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 3616'		Tubing Depth 4450'					
Perforations 4 7/8" 4 1/2"		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
11"	8-5/8"		404'		300 sxs.				
7-7/8"	4-1/2"		4450'		250 sxs.				
	2-3/8"		4396'						

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 4-7-74	Date of Test 4-12-74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil-Bbls. 95	Water-Bbls. 80	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.

Dick Morton
(Signature)

District Engineer
(Title)

4-17-74
(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 24 1974**, 19

BY **[Signature]**

TITLE **SUPV. OF FIELD OPERATIONS**

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.