

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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

Operator Coastal States Gas Producing Company	
Address P. O. Box 235, Midland, Texas 79701	
Reason(s) for filing (check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name McGuffin	Well No. 2	Pool Name, including Formation Flying "M" San Andres	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter E	660	Feet From The west	Line and 1980	Feet From The north	
Line of Section 29	Township	9-S	Range 33-E	NMPM,	Lea County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Mobil Oil Corp.	Box 900, Dallas, Texas 75221					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Cities Service	Box 300, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 29	Exp. 9-S	Pge. 33-E	Is gas actually connected? Yes	When --

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

II. 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 5-4-74	Date Compl. Ready to Prod. 5-16-74	Total Depth 4440'	P.B.T.D. 4365'					
Elevations (DF, RKB, RT, GR, etc.) 4358.4 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 3606'	Tubing Depth 4355'					
Perforations 4340-42', 4345-55', 4358-64'	Depth Casing Shoe 4440'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		407'		350 sxs.			
7-7/8"	4-1/2"		4440'		250 sxs.			

III. 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)

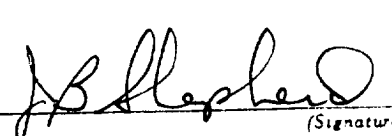
Date First New Oil Run To Tanks 5-16-74	Date of Test 6-20-74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil-Bbls. 47	Water-Bbls. 38	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

IV. 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)  
District Production Superintendent  
(Title)  
July 8, 1974  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 11 1974, 19\_\_\_\_

BY Les Clements  
Oil & Gas Insp.

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.