

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

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 <b>McGuffin</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>Flying "M" San Andres</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>C</b> ; <b>1980</b> Feet From The <b>west</b> Line and <b>660</b> Feet From The <b>north</b> Line of Section <b>29</b> Township <b>9-S</b> Range <b>33-E</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 Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 900, Dallas, Texas 75202</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Cities Service</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 300, Tulsa, Oklahoma 74102</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>K</b>	Sec. <b>29</b>	Twp. <b>9-S</b>	Rge. <b>33-E</b>
	Is gas actually connected?		When <b>--</b>	

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 <b>5-14-74</b>	Date Compl. Ready to Prod. <b>5-27-74</b>		Total Depth <b>4449'</b>		P.B.T.D. <b>4441'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>4355.6 GR</b>	Name of Producing Formation <b>San Andres</b>		Top Oil/Gas Pay <b>3619'</b>		Tubing Depth <b>4435'</b>			
Perforations					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>408'</b>		<b>300</b>			
<b>7-7/8"</b>	<b>4-1/2"</b>		<b>4449'</b>		<b>250</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)

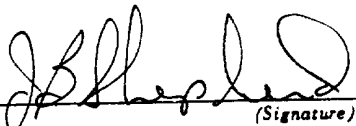
Date First New Oil Run To Tanks <b>5-28-74</b>	Date of Test <b>5-30-74</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>--</b>	Casing Pressure <b>--</b>	Choke Size <b>--</b>
Actual Prod. During Test	Oil-Bbls. <b>226</b>	Water-Bbls. <b>58</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.



**District Production Manager**

(Title)

**June 5, 1974**

(Date)

OIL CONSERVATION COMMISSION

**AUG 14 1974**

APPROVED

BY

TITLE

**Geologist**

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.

Coastal States Gas  
OPERATOR Producing Company ADDRESS P.O. Box 55, Midland, Texas 79701  
LEASE McGuffin WELL NO. 3 FIELD \_\_\_\_\_  
LOCATION T-9, R-33, Lea County, New Mexico

Depth	Angle Inclination 'degrees)	Displacement	Displacement Accumulated
377	1/4	1.6588	1.6588
909	1/4	2.3408	3.9996
1403	1/2	4.2978	8.2974
1854	3/4	5.9081	14.2055
2354	3/4	6.5500	20.7555
2838	3/4	6.3404	27.0959
3112	1	4.7950	31.8909
3537	1	7.4375	39.3284
3804	1	4.6725	44.0009
4091	3/4	3.7597	47.7606
4337	1/2	2.1402	49.9008
4449	1	1.9600	51.8608

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

Caetus Drilling Company

Ken Hedrick  
Title: Ken Hedrick, Drlg. Supt.

**Affidavit:**

Before me, the undersigned authority, appeared Ken Hedrick known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Ken Hedrick  
(Affiant's Signature)

Sworn and subscribed to in my presence on this the 29th day of May  
1974.

James E. Mynick  
Notary Public in and for the County  
of Lea, State of New Mexico

MY COMMISSION EXPIRES 3-1-76

Seal