DISTRIBUTION YEW MEXICO OIL C SERVATION COMMISSION SANTA FE Supervedes Old C-104 and C-110 PEQUEST 1 R ALLOWABLE Effective 1-1-65 FILE CILIS U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL IRANSPORTER GAS OPERATOR PROPATION OFFICE perator Coastal States Gas Producing Company Address P. O. Box 235, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) X Change in Transporter of: New Well Dry Gas Recompletion Condensate Change in Ownership Castnahead Gas If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. Flying "M" San Andres State, Federal or Fee Flying "M" SA Unit Tr.1A 9 Federal Location Feet From The north Line and 660 660 east Feet From The Unit Letter Range 33-E , NMPM, County 9-S Lea Township Line of Section DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil [X] or Condensate Box 900, Dallas, Texas 75202 Activess (Give address to which approved copy of this form is to be sent) Mobil Oil Corp. Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas ____ Box 300, Tulsa, Oklahoma 74102 is gas actually connected? When Cities Service , Sec. Trwn. Unit if well produces oil or liquids, 9-S 33-E J 29 Yes give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: **COMPLETION DATA** Same Res'v. Diff. Res'v. New Well Workover Deepen Plug Back Cil Well Designate Type of Completion = (X) X Date Compl. Ready to Prod. P.B.T.D. Total Depth Date Spudded 4512**'** 4476 4-24-74 5-9-74 Tubing Depth Top Oil/Gas Pay Name of Freducing Formation Elevations (DF, RKB, RT, GR, etc.) 4466 3715**'** San Andres 4351.4 GR Depth Casing Shoe Perforations ', 20-25', 28-38', 46-50', 52-57' & 63-66' TUBING, CASING, AND CEMENTING RECORD 4400-02', 06-12', 15-17' SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 355' 12-1/4" 7-7/8" 8-5/8" 300 4-1/2" 4512**'** <u>250</u> (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) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Cil Run To Tanks Date of Test 5-16-74 5**-**9-74 Pump Casing Pressure Choke Size Tubing Pressure Length of Test

24 Gas - MCF Water - Bbls. OII - Bbls. Actual Prod. During Test 51 TSTM 143

GAS WELL Gravity of Condensate Length of Test Bbis. Condensate/MMCF Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

1. 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.

James B. (Signature) (Signature) District Production Manager 6 Mon

(Title) June 20, 1974

(Date)

OIL CONSERVATION COMMISSION

BY 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...

Upt CLASE AND A COMMIL.
HOELS, N. H.