

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)	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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Flying "M" (SA) Unit Tr. 9	4	Flying "M" San Andres	State, Federal or Fee State	
Location				
Unit Letter 0 ; 659 Feet From The south Line and 1895 Feet From The east				
Line of Section 16 Township 9-S Range 33-E, 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Mobil Oil Corp.	Box 633, Midland, Texas 79701					
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	Sec.	Twp.	Range.	Is gas actually connected?	When
	0	29	9-S	33-E	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X							
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
7-17-74	7-31-74		4553'		4534'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
4369.6 GR	San Andres		3753'		4510'			
Perforations						Depth Casing Shoe		
4494-4500', 4502-08', 4511-23'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		353'		250 SXS.			
7-7/8"	4-1/2"		4553'		250 SXS.			
	2-3/8"		4510'					

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)

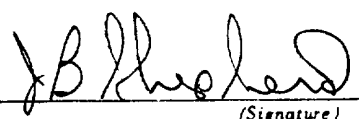
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7-31-74	9-13-74	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	--	--	--
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	71	92	TSTM

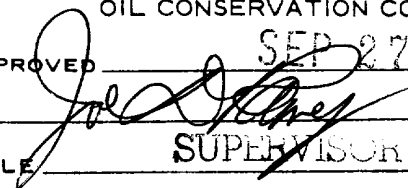
GAS WELL

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.


(Signature)
District Production Superintendent
(Title)
September 25, 1974
(Date)

OIL CONSERVATION COMMISSION
APPROVED SEP 27 1974, 19
BY 
TITLE SUPERVISOR DISTRICT I
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 multiple

INCLINATION REPORT

Coastal States Gas
 OPERATOR Producing Company ADDRESS P.O. Box 235, Midland, Texas 79701
 LEASE FMSAU Tr 9 WELL NO. 4 FIELD Flying M
 LOCATION T-9, R-33 Lea County, New Mexico

Depth	Angle Inclination (degrees)	Displacement	Displacement Accumulated
353	1/4	1.5532	1.5532
850	1/4	2.1868	3.7400
1350	1/4	2.2000	5.9400
1830	1/2	4.1760	10.1160
1945	1/2	1.0005	11.1165
2435	3/4	6.4190	17.5355
2935	3/4	6.5500	24.0855
3238	1 1/4	6.6054	30.6909
3710	1 1/4	10.2896	40.9805
4035	1 1/4	7.0850	48.0655
4294	1	4.5325	52.5980
4473	3/4	2.3449	54.9429
4553	3/4	1.0480	55.9909

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

Cactus 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 30th day of July
19 74.

Jerry L. Myrick
 Notary Public in and for the County
 of Lea, State of New Mexico

Seal

MY COMMISSION EXPIRES 3-1-76

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E	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
Flying "M" (SA) Unit Tr. 9	
8. Term or Lease Name	
9. Well No.	
4	
10. Field and Pool, or Wildcat	
Flying "M" San Andres	
12. County	
Lea	

SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator	
Coastal States Gas Producing Company	
3. Address of Operator	
P. O. Box 235, Midland, Texas 79701	
4. Location of Well	
UNIT LETTER 0 659 FEET FROM THE south LINE AND 1895 FEET FROM THE east LINE, SECTION 16 TOWNSHIP 9-S RANGE 33-E N.M.P.M.	
15. Elevation (Show whether DF, RF, GR, etc.)	
4369.6 GR	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Spud date 7-17-74

7-17-74 Ran 8 jts. 8-5/8" casing set @ 353'. Cmtd. w/250 sxs. Class "H" w/2% CaCl₃. Plug down @ 4:00 a.m.

7-18-74 Cmt. Circ. tested csg. w/5000#. WOC 24 hrs.

7-26-74 Ran 110 jts. 4-1/2" csg. set @ 4553'. Cmtd. w/250 sxs. Chem. Comp. w/.5% CFR-2. Plug down @ 11:30 p.m. 7-26-74. Tested csg. w/1500#. WOC 48 hrs.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Joe D. Ramey TITLE District Prod. Superintendent DATE 9-25-74

APPROVED BY Joe D. Ramey TITLE Dist. I, Supv. DATE 9-25-74

CONDITIONS OF APPROVAL, IF ANY:

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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65 *2-25-77*

5A. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		7. Unit Agreement Name Flying "M" SA Tr. 9
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name
2. Name of Operator Coastal States Gas Producing Company		9. Well No. 4
3. Address of Operator P. O. Box 235, Midland, Texas 79701		10. Field and Pool, or Wildcat Flying "M" San Andres
4. Location of Well UNIT LETTER <u>0</u> LOCATED <u>659</u> FEET FROM THE <u>south</u> LINE AND <u>1895</u> FEET FROM THE <u>east</u> LINE OF SEC. <u>16</u> TWP. <u>9-S</u> RGE. <u>33-E</u> NMPM		12. County Lea
19. Proposed Depth 4600'		19A. Formation San Andres
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) 4369.6 GR
21A. Kind & Status Plug. Bond Blanket		21B. Drilling Contractor Cactus Co.
22. Approx. Date Work will start upon approval		

23. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	8-5/8"	24#	350'	235	surface
7-7/8"	5-1/2"	15.5#	4600'	175	3600'

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,
EXPIRES Sept. 14, 1977

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed Dick Martin Title District Engineer Date 6-7-74

(This space for State Use)

Geologist

APPROVED BY John W. Runyan TITLE Geologist DATE JUL 16 1974

CONDITIONS OF APPROVAL, IF ANY

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PL.

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section

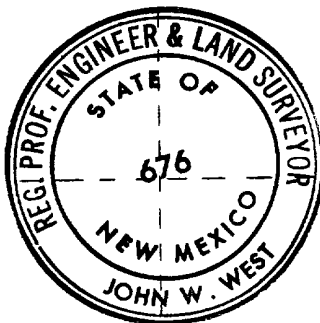
Operator COASTAL STATES GAS PRODUCING CO.			Lease FLYING M SAN ANDRES UNIT TRACT 9		Well No. 4
Unit Letter O	Section 16	Township 9 SOUTH	Range 33 EAST	County LEA	
Actual Footage Location of Well: 659 feet from the SOUTH line and 1895 feet from the EAST line					
Ground Level Elev. 4369.6	Producing Formation SAN ANDRES		Pool FLYING "M" SAN ANDRES		Dedicated Acreage: 80 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☒ Yes ☐ No If answer is "yes," type of consolidation unitization

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Dick Morton
Name

Dick Morton

Position

District Engineer

Company

Coastal States Gas Prod. Co.

Date

June 7, 1974

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief

Date Surveyed

JUNE 3, 1974

Registered Professional Engineer and/or Land Surveyor

John W. West
Certificate No.

676

