

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)	
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 Flying "M" SA Unit Tr. 14	Well No. 5	Pool Name, including Formation Flying "M" San Andres	Kind of Lease State, Federal or Fee State	Lease No.
Location				
Unit Letter 0	1991	Feet From The East	Line and 660	Feet From The South
Line of Section 20	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"/> Mobil Oil Corporation	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 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? Yes
				When --

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-7-74	Date Compl. Ready to Prod. 7-22-74	Total Depth 4459'	P.B.T.D. 4455'					
Elevations (DF, RKB, RT, GR, etc.) 4372.8 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 3628'	Tubing Depth 4430'					
Perforations 4365-4430'	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11" 7-7/8"	CASING & TUBING SIZE 8-5/8" 4 1/2" 2-3/8"		DEPTH SET 356' 4459' 4430'		SACKS CEMENT 300 sxs. 250 sxs. --			

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 7-22-74	Date of Test 7-29-74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil - Bbls. 54	Water - Bbls. 123	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 Manton
(Signature)
District Engineer
(Title)
August 2, 1974
(Date)

OIL CONSERVATION COMMISSION
APPROVED *[Signature]* **AUG 5 1974**, 19____
BY *[Signature]*
SUPERVISOR DISTRICT 1
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.