

DISTRIBUTION

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRORATION OFFICE

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

Recompletion

Change In Ownership

Change In Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Flying "M" (SA) Unit Tr17

Well No.

4

Pool Name, Including Formation

Flying "M" San Andres

Kind of Lease

State, Federal or Fee

State

Lease No.

Location

Unit Letter

M

Feet From The

660

Line and

south

Feet From The

665

west

Line of Section

21

Township

9-S

Range

33-E

NMPM,

Lea

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Mobil Oil Corp.

Address (Give address to which approved copy of this form is to be sent)

Box 900, Dallas, Texas 75201

Name of Authorized Transporter of Casinghead Gas

Cities Service

Address (Give address to which approved copy of this form is to be sent)

Box 300, Tulsa, Okla. 74102

If well produces oil or liquids, give location of tanks.

Unit

C

Sec.

21

Twp.

9-S

Range

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:

COMPLETION DATA

Designate Type of Completion - (X)

X

Date Spudded

6-27-74

Date Compl. Ready to Prod.

7-12-74

Total Depth

4502

F.B.L.D.

4497'

Elevations (DF, RKB, RT, GR, etc.)

4365.4 GR

Name of Producing Formation

San Andres

Top Oil/Gas Pay

3699

Tubing Depth

4480

Perforations

4435-37', 4440-46', 4449-53', 4455-68', 4471-75'

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

11"

8-5/8"

365'

300

7-7/8"

4-1/2"

4502

250

2-3/8"

4480

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks

8-18-74

Date of Test

8-22-74

Producing Method (Flow, pump, gas lift, etc.)

Pump

Length of Test

24

Tubing Pressure

--

Casing Pressure

--

Choke Size

--

Actual Prod. During Test

Oil-Bbls.

18

Water-Bbls.

100

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

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

September 6, 1974

Date

OIL CONSERVATION COMMISSION

APPROVED

SEP 13 1974 19

BY

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.