

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

1. Operator
Coastal Oil & Gas Corp.

Address
P.O. Box 235 Midland, Texas 79702-7473

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 Sawyer State "A"	Well No. 2	Pool Name, Including Formation West Sawyer-San Andres	Kind of Lease State, Federal or Fee	State Lease No. L-1080
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line of Section 4 Township 10-S Range 37-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 Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900 Dallas, TX 75221					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 300 Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 33	Twp. 9-S	Rge. 37-E	Is gas actually connected? Yes	When 9-6-81

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 Reservoir	Diff. Res.
		X		X					
Date Spudded 6-12-81	Date Compl. Ready to Prod. 9-9-81	Total Depth 5142'		P.B.T.D. 5058'					
Elevations (DF, RKB, RT, GR, etc.) 3996' KB 3983' G-R	Name of Producing Formation San Andres	Top Oil/Gas Pay 4974'		Tubing Depth SN @ 5032'					
Perforations 4974' - 5010'				Depth Casing Shoe 5116'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12 1/4"	8-5/8"	456'		325 CLs "C"-Circ 25 sx					
7 7/8"	5-1/2"	5116'		2050 CLs "C"-Circ 25 sx					
-	Tbng 2-3/8"	SN@ 5032'		Tbng. Anchor @ 4941'					

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 oil allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9-10-81	Date of Test 9-22-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 30#	Casing Pressure 85#	Choke Size -
Actual Prod. During Test 165 BF	Oil - Bbls. 18	Water - Bbls. 147	Gas - MCF 32

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

David L Campbell
(Signature)

Sr. Prod. Engineer

9-24-81

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY _____
Orig. Signed by
Jerry Sexton

TITLE _____
Dist. 1, Supv

This form is to be filed in compliance with RULE 10-1-1.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviating tests taken on the well in accordance with RULE 10-1-111.

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 ownership. Separate Form C-104 must be filed for each pool in multiple.