

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	Coastal Oil & Gas Corporation
Address	P. O. Box 235, Midland, Texas 79702
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner _____

2. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease To
Pearl Marr	4	West Sawyer (San Andres)	State, Federal or Fee	Fee
Location				
Unit Letter	M	Feet From The	South	Line and
660	Feet From The	West	660	Feet From The
Line of Section	34	Township	9-S	Range
37-E	NMPM	Lea	County	

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Mobil Pipe Line Co.	P. O. Box 900, Dallas, Texas 75221					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Cities Service Gas Co.	P. O. Box 300, Tulsa, Okla. 74102					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	J	33	9-S	37-E	Yes	6-27-78

If this production is commingled with that from any other lease or pool, give commingling order number: _____

4. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Res.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
5-18-81	6-27-81	5104'	5073'					
Elevations (DF, R&B, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3975' GR.	San Andres	4965	5048'					
Perforations	Depth Casing Shoe							
4965'-72, 80'-96', 5000-12, 30'-46'	5104'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4	8-5/8	472	275					
7-7/8	5-1/2	5104'	1375					

5. 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 able 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.)	
6-27-81	7-03-81	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
136 BF	35	101	31

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

6. 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 J. Campbell
(Signature)

Sr. Engineer

(Title)

7-08-81

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

SUPERVISOR DISTRICT 1

This form is to be filed in compliance with RULE 1105.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of conditions.