

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Coastal Oil and Gas Corporation

P. O. Box 235, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Coalinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

Gas connection

change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name State "4"	Well No. 2	Pool Name, including Formation Flying "M" (SA)	Kind of Lease State, Federal or Fee State	Lease No.
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Location

Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West

Line of Section 4 Township 10-S Range 33-E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Charter Crude Oil Company

P. O. Box 923, Luling, Texas 78648

Name of Authorized Transporter of Coalinghead Gas ☒ or Dry Gas ☐

Warren Petroleum Company

P. O. Box 1589, Tulsa, OK 74102

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

Unit	Sec.	Twp.	Rec.
C	4	10S	33E

Is gas actually connected?

Yes

When

3-20-84

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

COMPLETION DATA

Designate Type of Completion - (X)

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Deviations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lost 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.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

GAS WELL

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

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.

J. L. Blevins

Sr. Petroleum Engineer

(Title)

March 20, 1984

OIL CONSERVATION DIVISION

MAR 21 1984

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1.02.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 1.11.

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 ownership or transporter or other such change of conditions.

21 MAR 1984

RECEIVED

MAR 21 1984

CCC
NOTICE