S	TATE	OF	NEW	MEXICO
ENERGY	AND I	MIN	ERALS	DEPARTMENT

DISTRIBUTION

TRANSPORTER OIL

PROBATION OFFICE

SANTA PE FILE

OPERATOR

I.

LAND OFFICE

U.S.G.L

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Dry Gas

Condenaate

Other (Please explain)

Coastal Oil & Gas Corporation

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

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Γ	Rees	son(s	) for	filing	(Cheek	proper	boxy
		Name					

Change in Ownership

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

II. DESCRIPTION OF W	TELL AND LEASE	х. •					
State "4"	Wej.	4 See Flying	"M" (SA)		Kina of Lease State, Federai or F	⊶ State	Loose No. L-434
Location			·····				
Unit Lenser D	; <u>660</u> Fee	from The North	Line and	660	Feet From The	West	
Line of Section 4	Township	10-S Rang	• <u>33-</u> E	, NMPK,	Lea		County
III. DESIGNATION OF	TRANSPORTER	OF OIL AND NAT	URAL GAS				·····
Name o: Authorized Traispo				(Give address to	which approved ci	opy of this form is t	be sent)
Koch Oil Company						ge, Texas 7	
Name of Authorized Transpo	rter of Casinghead G	as 🔬 or Dry Gas	Address	(Give address to	which approved ci	opy of this form is in	obe senti
Warren Petroleum	Company		P. O.	Box 1589,	Tulsa, Okla	ahoma 74102	
If well produces oil or liquid give location of tanks.	is, Unit C			es		8-6-84	

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

Change in Transporter of:

Casinghead Gas

NOTE: Complete Parts IV and V on reverse side if necessary.

#### 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 is true and complete to the best of my knowledge and belief.

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(Signature) Senior Petroleum Engineer

(Tule)

(Date)

# OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_\_\_ 19 \_\_\_\_\_

	CENTRAL BY JERRY CENTRAL
	BERRY SEXTON
TITLE	DISTMCT I SUPERVISOR

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.

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# IV. COMPLETION DATA

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Oil Well Gas Well	New Well Workover Deepe	m Piug Bacx Same Res'v. Diff. Res'
$\operatorname{ion} - (\mathbf{X}) + \mathbf{X}$	X	
Daie Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-7-84	4545'	4477'
Name of Producing Formation	Top OLL/Gas Pay	Tubing Depth
San Andres	4436'	4475'
		Depin Casing Shoe
	······································	4545'
TUBING, CASING, A	ND CEMENTING RECORD	
CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8=578"	1794'	97.5
5-1/2"	4545'	1150
I		1
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whether the support of the support o		
FOR ALLOWABLE (Test must be able for this	after recovery of total volume of load depth or be for full 24 hours;	d oil and musi is equal to or extend to 7 cl
T FOR ALLOWABLE (Test must be able for this Date of Tent	after recovery of total volume of los depth or be for full 24 hours) Producing Method (Flow, pump, s	
able for this	depth or be for full 24 hours)	
able for this Date of Tent	depth or be for full 24 hours) Producing Method (Fiow, pump, s	
able for this Date as Tent 8-6-84	depth or be for full 24 hours) Producing Method (Fiow, pump, s Pumping	ras lift, etc.)
able for this Date as Tent 8-6-84	depth or be for full 24 hours) Producing Method (Fiow, pump, s Pumping	ras lift, etc.)
	TUBING, CASING, AI	Ion - (X) X   Date Compl. Ready to Prod. Total Depth   7-7-84 4545'   Name of Producing Formation Top Oll/Gas Pay   San Andres 4436'     TUBING, CASING, AND CEMENTING RECORD   CASING & TUBING SIZE DEPTH SET   S=5/8'' 1794'

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	Actual Prod. Tost-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Traine Method (publ. back pr.)	Tubing Preseure (Shut-in)	Casing Pressure (Sout-in)	Chose Size	
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