

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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SANTA FE	
FILE	
U.S.E.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITTING OFFICE	

I. 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Flying "M" (SA) Unit 134	Well No. 22-2	Pool Name, including Formation Flying "M" (SA)	Kind of Lease State, Federal or Fee State	Lease No. NMO58102
Location				
Unit Letter M : 660 Feet From The West Line and South Feet From The South				
Line of Section 29 Township 9-S Range 33-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"/>	Address (Give address to which approved copy of this form is to be sent)
Mobil Pipeline Company	P. O. Box 900 Dallas, Texas 77221
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Cities Service Company	P. O. Box 300 Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit G Sec. 29 Twp. 9-S Rqr. 33-E	Yes

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

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.

Bobby L. Smith *Bobby L. Smith*
(Signature)
Petroleum Engineer (Title)
January 21, 1986 (Date)

OIL CONSERVATION DIVISION
JAN 23 1986
APPROVED _____, 19_____
BY _____ ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 12-2-85	Date Compl. Ready to Prod. 1-8-86	Total Depth 4404				P.B.T.D. 4395			
Elevations (DF, RKB, RT, GR, etc.) 4338.9 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4333'				Tubing Depth			
Perforations 4333'-58'; 4362'-81'; 2 SPF						Depth Casing Shoe 4404'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		1790'		900 Sacks				
7 7/8"	5 1/2"		4404'		725 Sacks				
	2 3/8"		4380'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead oil and must be equal to or exceed test allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 1-8-86	Date of Test 1-12-86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 20 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 17	Water - Bbls. 74	Gas - MCF 3.3

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

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JAN 22 1986
O.C.D.
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