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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico
REQUEST FOR (OIL) - (GAS) ALLOWABLE

(Form C-10)
Revised 7/1/57

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Abilene, Texas 11-21-60
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Coastal States Gas Prod. Company Federal Hayes, Well No. 1, in SE 1/4, xxx4,
(Company or Operator) (Lease)
J, Sec. 30, T.8.S., R.37-E, NMPM, BLUETT Pool
Unit Letter

Roosevelt County. Date Spudded 10-12-60 Date Drilling Completed 11-15-60

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation 4045.21 Total Depth 9668' PBD 9625'

Top Oil/Gas Pay 9588 Name of Prod. Form. Rough "C"

PRODUCING INTERVAL -

Perforations 9590' to 9616'

Open Hole Depth Casing Shoe 9566 Depth Tubing 9612

OIL WELL TEST -

Natural Prod. Test: ----- bbls. oil, ----- bbls water in --- hrs, --- min. Size --- Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 646 bbls. oil, 0 bbls water in 24 hrs, no min. Size 2 3/8 Choke

GAS WELL TEST -

Natural Prod. Test: ----- MCF/Day; Hours flowed ----- Choke Size -----

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8	360	300
8 5/8	4150	1030
4 1/2	5784	600
2 3/8	9512	-----

Method of Testing (pitot, back pressure, etc.): -----

Test After Acid or Fracture Treatment: ----- MCF/Day; Hours flowed -----

Choke Size ----- Method of Testing: -----

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 gals. of 15% Acid

Casing Tubing Date first new Press. 0 Press. 200 oil run to tanks 11-20-60

Oil Transporter Mc Wood Corporation

Gas Transporter -----

Remarks: *South Basin, etc.*

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19____ Coastal States Gas Producing Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: *Kenneth J. DeBenedictis*
(Signature)

By: _____ Title: Production Superintendent
Send Communications regarding well to:

Title _____ Name: Coastal States Gas Producing Company

Address: P. O. Box 385, Abilene, Texas

