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TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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

2-1-61

(Place)

(Date)

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

Coastal States Gas Producing Co. Federal Hayes, Well No. 3, in SE 1/4, 1/4,
(Company or Operator) (Lease)

N. Sec. 30, T. 8-S, R. 37-E, NMPM, Blufft Penn. Ext. Pool
Unit Letter

Roosevelt

County. Date Spudded 12-26-60

Date Drilling Completed

1-25-61

Please indicate location:

Elevation 4047

Total Depth

9675

PBTD

9645

Top Oil/Gas Pay 9605

Name of Prod. Form.

Bough "C"

PRODUCING INTERVAL -

Perforations

9608-9631

Open Hole

Depth

Casing Shoe

9674

Depth

Tubing

9630

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 434 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 3/8

GAS WELL TEST -

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

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 15% Acid

Casing Press. 0 Tubing Press. 600 Date first new oil run to tanks 1-27-61

Oil Transporter McWood Corporation

Gas Transporter

Remarks: 80 Acres

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

Approved: 19

COASTAL STATES GAS PRODUCING CORPORATION

(Company or Operator)

By:

Kenneth J. DeBery

(Signature)

Title: Production Superintendent

Send Communications regarding well to:

Name: Coastal States Gas Producing Company

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

OIL CONSERVATION COMMISSION

By:

Title

