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PRODUCTION OFFICE	
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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

June 20, 1961

(Place)

(Date)

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

Coastal States Gas Producing Company

Federal
Hayes

Well No. 4, in SW 1/4, NE 1/4,

(Company or Operator)

(Lease)

Allison

Barrett Penn.

L, Sec. 30, T. 8-S, R. 37-E, NMPM., Pool

Unit Letter

Roosevelt:

County. Date Spudded 4-30-61

Date Drilling Completed 6-3-61

Please indicate location:

Elevation 4059 Total Depth 9692 PBTD 9650

Top Oil/Gas Pay 9612 Name of Prod. Form. Rough "C"

PRODUCING INTERVAL -

Perforations 9617-9624, 9628-9641

Open Hole Depth Casing Shoe 9690 Depth Tubing 9646

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): 470 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. 435 Date first new oil run to tanks 6-6-61

Oil Transporter McWood Corporation

Gas Transporter

(FOOTAGE)
Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8	373	300
8-5/8	4145	1600
4-1/2	5729	300
2-3/8	9646	----

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 Company

(Company or Operator)

By: Kenneth J. DeBary

(Signature)

OIL CONSERVATION COMMISSION

By: Leslie A. Clements

Title: Production Superintendent

Send Communications regarding well to:

Name: Coastal States Gas Producing Company

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

Title: _____

