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LAND OFFICE	
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

12-7-61

(Place)

(Date)

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

Coastal States Gas Producing Company

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

(Company or Operator)

(Lease)

J

Sec. 25

T

S-S

R

36-E

NMPM,

Allison Penn

Pool

Unit Letter

Roosevelt

County Date Spudded 10-28-61

Date Drilling Completed

12-2-61

Please indicate location:

Elevation 4054' Gro. Level

Total Depth 9661'

FBTD

9660'

Top Oil/Gas Pay 9634'

Name of Prod. Form.

Bough "C"

PRODUCING INTERVAL -

Perforations 9634 - 41'

9647-51'

Open Hole

Depth

Casing Shoe

9660'

Depth

Tubing

9650'

OIL WELL TEST -

Natural Prod. Test: 275 bbls. oil, 0 bbls water in 12 hrs, min. Size 24/64"

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of

load oil used): bbls. oil, bbls water in hrs, min. Size

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. 650-900 Date first new oil run to tanks 12-2-61

Oil Transporter McWood Corporation

Gas Transporter

Remarks:

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

Coastal States Gas Producing Co.

Approved, 19

(Company or Operator)

OIL CONSERVATION COMMISSION

By: District Land Manager

Title

Send Communications regarding well to:

Name Coastal States Gas Producing Co.

P. O. box 385, Abilene, Texas