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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Cocquina Oil Corporation		
418 Building of the Southwest, Midland, Texas 79701		
Reason for applying (Change, property, etc.)	Other (Please explain)	
New Well ☐	Change in Terms, etc. ☐	
Recompletion ☐	Oil ☐ Dry Gas ☐	
Change in Ownership ☒	Casinghead Gas ☐ Condensate ☐	

If change of ownership give name and address of previous owner: McGrath & Smith, Inc., 418 Bldg of Southwest, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Prod. Name, Including Formation	Kind of Lease	Lease No.
Lovejoy State	1	Vada Penn.	State, Federal or Fee	K 4349
Location				
Unit Letter	E	1980 Feet From The North	Line and	660 Feet From The West
Line of Section	36	Township	8-S	Range 35-E, NMPM, Roosevelt County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Mobil Pipe Line Company	P. O. Box 900, Dallas, Texas					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Corporation	P. O. Box 1589, Tulsa, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	E	36	8S	35E	Yes	8-21-70

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil+Sol's.	Water+Sol's.	Gas+MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Sol's. Condensate/MCMCF	Gravity of Condensate
Testing Method (pump, pack prod)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

W. Taylor
(Signature)
Superintendent
(Title)
2-12-71
(Date)

OIL CONSERVATION COMMISSION
FEB 15 1971
APPROVED _____, 19____
BY [Signature]
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowables for a newly drilled or deepened well, this form must be accompanied by a tabulation of the division tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowables 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 zoned wells.