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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

2/27/62

(Place)

(Date)

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

Coastal States Gas Producing Co.-Wilson State, Well No. 1, in NW 1/4 NE 1/4,

(Company or Operator)

(Lease)

B, Sec. 8, T. -13-S, R. -32-E, NMPM, Caprock Queen Pool

Unit Letter

Lea

County. Date Spudded 11/24/61 Date Drilling Completed 12/1/61

Elevation GL-4366' Total Depth 3117' PBD 3077'

Please indicate location:

Top Oil/Gas Pay 3060' Name of Prod. Form. Queen Sand

PRODUCING INTERVAL -

Perforations 3060' - 68'

Open Hole Depth 3116' Depth 3060'

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): 5 bbls.oil, 0 bbls water in 24 hrs, 0 min. Size 1"

(On Pump)

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):

Casing Press. 0 Tubing Press. 0 Date first new oil run to tanks 2/26/62

Oil Transporter Permian Corporation

Gas Transporter None

Remarks:

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: C. J. Kimball, Jr.  
(Signature)

Title: District Engineer

Name: Send Communications regarding well to:  
Coastal States Gas Producing Co.

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