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TRANSPORTER	OIL	
	GAS	
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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

Operator Coastal States Gas Producing Company	
Address Box 235, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/> See "Other"	*Re-entry (previously Champlin Petroleum Company's Featherstone State A Well No. 1 (Disposal)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner NA

I. DESCRIPTION OF WELL AND LEASE

Lease Name State "7"	Well No. 1	Pool Name, including Formation <del>Undesignated</del> <i>Baum-Upper Pennsylvanian</i>	Kind of Lease State, Federal or Fee State	Lease No. K-3431
Location Unit Letter C ; 330 Feet From The North Line and 1568.8 Feet From The West Line of Section 7 Township 14S Range 33E , NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent) None					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 7	Twp. 14S	Rge. 33E	Is gas actually connected? No	When -

If this production is commingled with that from any other lease or pool, give commingling order number: None

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 4-10-68	Date Compl. Ready to Prod. 4-22-68	Total Depth 10,092'		P.B.T.D. 9,930'				
Elevations (DF, RKB, RT, GR, etc.) 4273' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9,848'		Tubing Depth 9,595'			
Perforations 9848-54'; 9860-66'; 9874-84'; and 9894-9902'					Depth Casing Shoe 10,092'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
Unknown	13-3/8" casing	363'	400 sacks
Unknown	8-5/8" casing	4,060'	1800 sacks
7-7/8"	5-1/2" casing	10,092'	200 sacks
5-1/2"	2-3/8" tubing	9,595'	Packer
5-1/2"	1" tubing	9,573'	Seal assy - vent string.

IV. 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 4-22-68	Date of Test 4-28-68	Producing Method (Flow, pump, gas lift, etc.) Pumping (hydraulic casing)	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size Open
Actual Prod. During Test 384	Oil-Bbls. 284	Water-Bbls. 100	Gas-MCF 341

GAS WELL

Actual Prod. Test-MCF/D -	Length of Test -	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pitot, back pr.) -	Tubing Pressure (shut-in) -	Casing Pressure (shut-in) -	Choke Size -

V. 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.

*Joe R. Howard*  
(Signature)  
Division Production Superintendent  
(Title)  
April 29, 1968  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY *Joe R. Howard*  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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 completed wells.