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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

I. Operator
Coastal States Gas Producing Company

Address
Box 235, Midland, Texas 79701

Reason(s) for filing (Check proper box)
☒ ~~Re-entry~~ ☐ ~~Recompletion~~ ☐ ~~Change in Ownership~~
Change in. Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)
Formerly Champlin Oil Company's Featherstone Federal No. 2 which was P&A 1-28-59.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "6"	Well No. 1	Pool Name, Including Formation Wildcat	Kind of Lease State, Federal or Fee Federal	Lease No. USA-RM 0558131
Location Unit Letter F ; 2312.57 Feet From The north Line and 2225.12 Feet From The west Line of Section 6 Township 14S Range 33E , NMPM, Lea County				

III. 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 - gas vented	Address (Give address to which approved copy of this form is to be sent) - - -				
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 6	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: **NA**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	Re-entry <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input checked="" type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11-11-67	Date Compl. Ready to Prod. 12-7-67		Total Depth 10,050'		P.B.T.D. - - -			
Elevations (DF, RKB, RT, GR, etc.) 4290' DF	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9814'		Tubing Depth 9785'			
Perforations 9814-32' and 9848-55'					Depth Casing Shoe 10,050'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	13-3/8" casing	360'	300
10"	8-5/8" casing	4079'	1800
7-7/8"	5-1/2" casing	10,050'	400
5-1/2"	2-3/8" tubing	9785'	Guib, KVL-30 pkr.
5-1/2"	2-3/8" tubing	9760'	Gas vent string

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks 12-7-67	Date of Test 12-18-67	Producing Method (Flow, pump, gas lift, etc.) Pumping (4 x 2-3/8" x 2" Kobe casing)	
Length of Test 24 hours	Tubing Pressure - - -	Casing Pressure - - -	Choke Size Open
Actual Prod. During Test 690 barrels	Oil-Bbls. 80	Water-Bbls. 610	Gas-MCF 15

GAS WELL

Actual Prod. Test-MCF/D NA	Length of Test - - -	Bbls. Condensate/MMCF - - -	Gravity of Condensate - - -
Testing Method (pitot, back pr.) - - -	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.


(Signature)

Division Production Superintendent
(Title)

December 19, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

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.