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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Coastal Oil & Gas Corporation

P. O. Box 235, Midland, Texas 79702

Reason(s) for filing (Check proper box)		Other (Please explain)
New Well	<input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	

change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE.

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Federal "6"	2	Baum (Upper Penn)	State, Federal or Fee Federal	NM 0558131

Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East

Line of Section 6 Township 14-S Range 33-E NMPM, Lea County,

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Texas New Mexico Pipeline					P. O. Box 2528, Hobbs, NM 88240	
Name of Authorized Transporter of Coastinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum Company					P. O. Box 1589, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	6	14-S	33-E	yes	3-22-83

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

COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Reservoir
Date Spudded	Date Compl. Ready to Prod.	Total Depth					P.B.T.D.		
Deviations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay					Tubing Depth		
Explorations							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

EST DATA AND REQUEST FOR ALLOWABLE
IL WELL

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

Time 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 - Bbls.	Water - Bbls.	Gas - MCF

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Sealing Method (pistol, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

CERTIFICATE OF COMPLIANCE

whereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given by me is true and complete to the best of my knowledge and belief.

Daniel D Campbell
(Signature)

Sr. Petroleum Engineer
(294)

4-18-83

OIL CONSERVATION DIVISION

APPROVED APR 21 1983, 19

BY _____ ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR
TITLE _____

This form is to be filed in compliance with rule 1.02.

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

All sections of this form must be filled out completely for allowable new and reconstructed walls.

Fill out only Sections I, II, III, and VI for changes of owner;
well name or number, or transporting, or other such change of condition.

APR 20 1983
C.C.D.
HOBBS OFFICE