

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

I.

Operator Coastal States Gas Producing Company	
Address Box 235, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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"/>
Other (Please explain)	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "6"	Well No. 1	Pool Name, Including Formation Wildecat Baum-Wolf camp UNDESIGNATED	Kind of Lease State, Federal or Fee State	Lease No. K=1680
Location Unit Letter B ; 660 Feet From The north Line and 1980 Feet From The east				
Line of Section 6 Township 14 Range 33 , 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) NA			
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 6	Twp. 14	Rge. 33
	Is gas actually connected?		When	
	No		- - -	

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 10-5-67	Date Compl. Ready to Prod. 11-9-67		Total Depth 10,114'		P.B.T.D. - - -			
Elevations (DF, RKB, RT, GR, etc.) 4272.2' GR	Name of Producing Formation Baum-Wolf-Jur		Top Oil/Gas Pay 9906'		Tubing Depth 9858'			
Perforations 9906-17'					Depth Casing Shoe 10,114'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	13-3/8" casing		387'		350 sxs Class "A"			
11"	8-5/8" casing		4,079'		300 sxs Class "C"			
7-7/8"	5-1/2" casing		10,114'		450 sxs Class "C"			
5-1/2"	2-3/8" tubing		9,858'		KVL-30 packer			
5-1/2"	1-1/4" tubing		9,828'		Gas vent			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 11/9/67	Date of Test 11/20/67	Producing Method (Flow, pump, gas lift, etc.) Pumping (Kobe casing pump)	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size Open
Actual Prod. During Test 800	Oil - Bbls. 160	Water - Bbls. 640	Gas - MCF 206

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 - - -

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.

Joe R. Howard
(Signature)
Division Production Superintendent
(Title)
November 20, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **Joe R. Howard**
TITLE **Division Production Superintendent**

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.

