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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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
P. O. Box 235, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner None

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "31"	Well No. 1	Pool Name, Including Formation Undesignated Baum Upper Pennsylvanian R-3436	Kind of Lease State, Federal or Fee State	Lease No. K-4807
Location Unit Letter L ; 1881 Feet From The South Line and 759 Feet From The West Line of Section 31 Township 13-S Range 33-E , 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"/> Permain 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 L	Sec. 31	Twp. 13S	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

IV. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" 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 type="checkbox"/>
Date Spudded 3/9/68	Date Compl. Ready to Prod. 4/21/68	Total Depth 10,000'	P.B.T.D. --					
Elevations (DF, RKB, RT, GR, etc.) 4284.8 GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 9889'	Tubing Depth 9844'					
Perforations 9889-98' and 9924-41						Depth Casing Shoe 10,000'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13-3/8" Casing	368'	350 sks. Class A
11"	8-5/8" Casing	4082'	300 sks. Class C
7-7/8"	5-1/2" Casing	10,000'	200 sks. Class C
5-1/2"	2-3/8" Tubing	9,844'	Packer
5-1/2"	1" Tubing	9,716'	Seal assy. - vent str

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks 4/21/68	Date of Test 4/28/68	Producing Method (Flow, pump, gas lift, etc.) Pumping (Hydraulic Casing)	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure --	Choke Size Open
Actual Prod. During Test 651 bbls.	Oil-Bbls. 142	Water-Bbls. 509	Gas-MCF 156

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.


(Signature)

Division Production Superintendent
(Title)

April 29, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED

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 multiple completed wells.