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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

Operator Coastal States Gas Producing Company	
Address P. O. Box 235 Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name State "8"	Well No. 1	Pool Name, Including Formation Undesignated	Kind of Lease State, Federal or Fee State	Lease No. K-4177
Location Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West Line of Section 8 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 D	Sec. 8	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

V. 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'v.	Diff. Res'v.
Date Spudded 3-30-68	Date Compl. Ready to Prod. 5/3/68	Total Depth 10,050'	P.B.T.D. 9940'					
Elevations (DF, RKB, RT, GR, etc.) 4275' (est)	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 9855'	Tubing Depth 9770'					
Perforations 9855-59 and 9865-70'	Depth Casing Shoe 10,050'							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13-3/8" casing	356'	375 sks. Class A
11 "	8-5/8" casing	4088'	300 sks. Class C
7-7/8"	5-1/2" casing	10,050'	200 sks. Class C
5-1/2"	2-3/8" tubing	9,770'	Packer Seal Assy. - vent string

V. 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 5/3/68	Date of Test 5/7/68	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 637	Oil-Bbls. 295	Water-Bbls. 342	Gas-MCF 300

GAS WELL

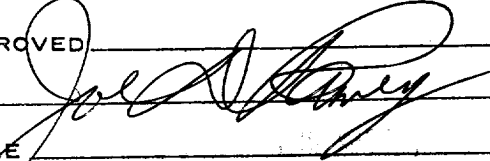
Actual Prod. Test-MCF/D --	Length of Test --	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (pitot, back pr.) --	Tubing Pressure (shut-in) --	Casing Pressure (shut-in) --	Choke Size --

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)
5-7-68
(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.