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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

NA

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "26"	Well No. 1	Pool Name, including Formation Turk-Pennsylvanian Undesignated R-3504	Kind of Lease State, Federal or Fee State	Lease No. L-521
Location Unit Letter 'D' ; 660 Feet From The North Line and 660 Feet From The West Line of Section 26 Township 14S Range 32E, 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	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. 26	Twp. 14S	Rge. 32E	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"/>	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 6/26/68	Date Compl. Ready to Prod. 8/1/68		Total Depth 10,490'		P.B.T.D. 10,065'			
Elevations (DF, RKB, RT, GR, etc.) 4291.3 GR	Name of Producing Formation Penn. Lime		Top Oil/Gas Pay 9,830'		Tubing Depth 9,698'			
Perforations 9830 - 44					Depth Casing Shoe 10,490'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8" Csg.		365'		450 Sxs. Class H			
11"	8-5/8" Csg.		4,033'		300 Sxs. Class C			
8-5/8"	5-1/2" Csg.		10,097'		200 Sxs. Class C			
5-1/2"	2-3/8" Tbg.		9,698'		Packer			

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 8/1/68	Date of Test 8/1/68	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24-Hrs	Tubing Pressure 350	Casing Pressure -----	Choke Size 20/64
Actual Prod. During Test 282	Oil-Bbls. 282	Water-Bbls. -0-	Gas-MCF 250

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)

August 2, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED

AUG 8 1968

19

BY

TITLE

Geologist

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.