

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I.

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**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "20"	Well No. 2	Pool Name, Including Formation Undesignated - Penn	Kind of Lease State, Federal or Fee Federal	Lease No. NM-2842-A
Location North Baum-Upper Pennsylvanian				
Unit Letter N	660'	Feet From The South	Line and 1980'	Feet From The West
Line of Section 20	Township 13S	Range 33E	Lea County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) 221 N. Colorado, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent) - - -					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 20	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: **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 8/12/68	Date Compl., Ready to Prod. 9/17/68	Total Depth 9865'	P.B.T.D. 9852'					
Elevations (DF, RKB, RT, GR, etc.) 4256.0 GR	Name of Producing Formation Penn.	Top Oil/Gas Pay 9736'	Tubing Depth 9577'					
Perforations 9736-46'	Depth Casing Shoe 9852'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 17-1/2"	CASING & TUBING SIZE 13-3/8" Casing		DEPTH SET 362'		SACKS CEMENT 400 sacks Class H			
11"	8-5/8" Casing		4080'		300 sacks Class C			
7-7/8"	5-1/2" Casing		9852'		300 sacks Class C			
5-1/2"	2-3/8" Tubing		9577'		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 9/17/68	Date of Test 9/17/68	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24-Hours	Tubing Pressure 650#	Casing Pressure - - - -	Choke Size 14/64
Actual Prod. During Test 240	Oil-Bbls. 240	Water-Bbls. -0-	Gas-MCF 198

GAS WELL

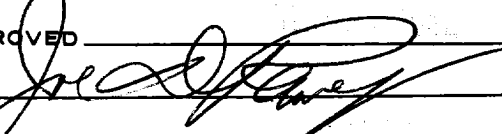
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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)
September 18, 1968
(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.