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U.S.G.S.	
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

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

DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name State "31"	Well No. 2	Pool Name, including Formation Undesignated Penn
Kind of Lease State, Federal or Fee State		Lease No. K-4860
Location Baum-Upper Pennsylvanian R-3681		
Unit Letter H	1980 Feet From The north Line and	660 Feet From The south East
Line of Section 31	Township 13S	Range 33E
, NMPM,		Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		221 N. Colorado, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		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 H	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: NA

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Designate Type of Completion - (X)		X		X					
Date Spudded 11-5-68	Date Compl. Ready to Prod. 12-12-68	Total Depth 10,000'		P.B.T.D. Same					
Elevations (DF, RKB, RT, GR, etc.) 4263.9' GR	Name of Producing Formation Up. Penn	Top Oil/Gas Pay 9760'		Tubing Depth 9594'					
Perforations 9760-70'; 9852-54'; and 9862-70'				Depth Casing Shoe 10,000'					

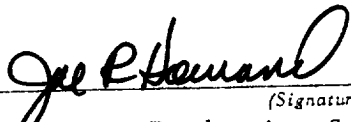
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" casing	403'	400 xxs Class "H"
11"	8-5/8" casing	4,071'	300 xxs Class "C"
7-7/8"	5-1/2" casing	10,000'	200 xxs Class "C"
5-1/2"	2-3/8" tubing	9,594'	packer
	1" tubing	9565'	

VI. 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 12-16-68	Date of Test 12-17-68	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 1379 bbls.	Oil-Bbls. 95	Water-Bbls. 1284	Gas-MCF 60

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 -

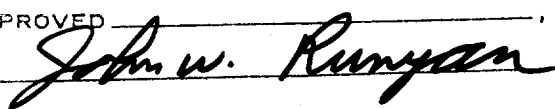
II. CERTIFICATE OF COMPLIANCE

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)
December 19, 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.