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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 Co.	
Address P. O. Box 235, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Request for 90-day commingling order preceding approval of application
Recompletion <input type="checkbox"/>	
Change In Ownership <input type="checkbox"/>	
Change In Transporter of:	
Oil <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

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

Lease Name State "26" Com.	Well No. 3	Pool Name, including Formation Undesignated-Penn.	Kind of Lease State, Federal or Fee	Lease No. L-44 & 521
Location Unit Letter L 1980 Feet From The South Line and 660 Feet From The West				
Line of Section 26 Township 14S Range 32E, NMPM, Lea County				


DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipe Line Co.	221 N. Colorado, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" 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 D	Sec. 26	Twp. 14S	Rge. 32E	Is gas actually connected? No.	When --

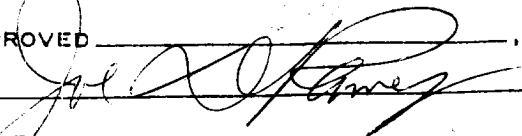
If this production is commingled with that from any other lease or pool, give commingling order number: Loco-28

V. 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 Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 11-18-68	Date Compl. Ready to Prod. 1-7-69	Total Depth 9956'		P.B.T.D. 9922'				
Elevations (DF, RKB, RT, GR, etc.) 4290.5' GL	Name of Producing Formation Penn.	Top Oil/Gas Pay 9888'		Tubing Depth 9806'				
Perforations 9888-92' and 9906-18'				Depth Casing Shoe 9956'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8" Casing		363'		400 sxs Class "H"			
11 "	8 5/8" Casing		4046'		300 sxs Class "C"			
7 7/8"	5 1/2" Casing		9956'		200 sxs Class "C"			
5 1/2"	2 3/8" Tubing		9806'		Packer			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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 1-7-69	Date of Test 1-9-69	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 550#	Casing Pressure --	Choke Size 20/64"
Actual Prod. During Test 326 Bbls.	Oil - Bbls. 296	Water - Bbls. 30	Gas - MCF 320

GAS WELL			
Actual Prod. Test-MCF/D --	Length of Test --	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (pilot, 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)	
January 10, 1969 (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	