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AND. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			<u> </u>
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR -		Ī	
DDODATION OFFICE			T

December 20, 1968

(Date)

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II.

DISTRIBUTION	W457100 011 (	WHEN CO OH CONSERVATION CONTROLS		
SANTA FE	"W MEXICO OIL CONSERVATION COMMISSIC Form C-104  REQUEST FOR ALLOWABLE Supersedes Old C-1		Form C=104 Supersedes Old C=101 and C=11	
FILE	Filentine 1-1-65			
U.S.G.S.	AND			
LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
OIL				
TRANSPORTER GAS	-			
OPERATOR			*	
PROPATION OFFICE	-		•	
Operator OFFICE				
Coastal States Gas Pro	ducing Company			
Address				
Box 235, Midland, Texa	s 79701			
Reason(s) for filing (Check proper box		Other (Please explain)		
New Well X	Change in Transporter of:			
Recompletion	Oil Dry Go	as 🔲		
Change in Ownership	Casinghead Gas Conde	nsate		
If change of ownership give name and address of previous owner	NA	The Means	Till Which	
		7/	1/1/2 31/1	
DESCRIPTION OF WELL AND	LEASE	The same of the sa	1-3614	
Lease Name	Well No. Pool Name, Including F	orgation Kind of Leas	e NMesse No.	
Federal "20"	3 Undesigna	ted - Penn State, Federa	1	
Location	a 30		200242 20 12 21	
Unit Letter E ; 196	Feet From The north Lin	ne and 660 Feet From	The West	
,	reet From The	ne and 000 Feet From	The west	
Line of Section 20 Tox	wnship 13S Range	33E , NMPM, Le	ea County	
		JOHN M. IR	County	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	us.		
Name of Authorized Transporter of Oil	k or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)	
Texas-New Mexico Pipe 1	Line Company	221 N. Colorado, Midl		
Name of Authorized Transporter of Cas		Address (Give address to which appro	ved copy of this form is to be sent)	
None			,	
If well and were all and travels	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en	
If well produces oil or liquids, give location of tanks.	P 20 13S 33E	No		
	<del></del>			
If this production is commingled with	th that from any other lease or pool,	give commingling order number:N	JA	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen		
Designate Type of Completic	$\operatorname{On} = (X)$ $X$ $\operatorname{Gas} \operatorname{Well}$	New Well Workover Deepen	Plug Back   Same Resty.   Diff. Resty.	
Date Spudded		<u> </u>		
11-17-68	Date Compl. Ready to Prod. 12-17-68	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	<u> </u>	9915'	9915'	
4258.2 GL	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Penn	9777'	9477	
Perforations 9777-82			Depth Casing Shoe	
3111-02			9915'	
		CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
17-1/2"	13-3/8" casing	362 t	400 sxs Class "H"	
11"	8-5/8" casing	4080'	400 sxs Class "C"	
7-7/8"	5-1/2" casing	9915'	200 sxs Class "C"	
5-1/2"	. 2-3/8" tubing	9477'	Packer	
TEST DATA AND REQUEST FO			and must be equal to or exceed top allow-	
OIL WELL		pth or be for full 24 hours)	and must be equal to or exceed top allow=	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	ft, etc.)	
12-17-68	12-18-68			
Length of Test	Tubing Pressure	Flowing Casing Pressure	Choke Size	
24 hours				
Actual Prod. During Test	350   Oil-Bbis.	Water-Bbls.	18/64 Gae - MCF	
337 barrels	287	50		
CAC N'EST T	•			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	I Did G		
Actual Float 1881-WCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Toothan Valled (nine too)	Tulia - Daniel Alexandria		<u> </u>	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
# to p				
CERTIFICATE OF COMPLIANO	CE	OIL CONSERVATION COMMISSION		
hereby certify that the rules and regulations of the Oil Conservation APPROVED				
ommission have been complied with and that the information given				
bove is true and complete to the	best of my knowledge and belief.	BY John W. Ku	nyan	
/		TITLE		
$\sim 10^{\circ}$	.//	This form is to be filed in c	compliance with RULE 1104.	
If this is a request for allowable for a newly drilled				
(Signature) well, this form must be accompanied by a tabulation of the			nied by a tebulation of the deviation	
Division Production	Superintendent	tests taken on the well in accord		
(Tit)		All sections of this form mus	at be filled out completely for allow-	

able 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.