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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

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 "1"	Well No. 1	Pool Name, including Formation Undes. Baum (Up. Penn)	Kind of Lease State, Federal or Fee State	Lease No. K-6606
Location Unit Letter H ; 1874 Feet From The north Line and 554 Feet From The east Line of Section 1 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"/> Tex-New Mex Pipe Line	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 type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 725 Gulf Bldg., Midland, Texas 79701			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 6	Twp. 14S	Rge. 33E
Is gas actually connected?		When		
No		- -		

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

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 5-17-69	Date Compl. Ready to Prod. 6-14-69		Total Depth 10,125		P.B.T.D. - - -			
Elevations (DF, RKB, RT, GR, etc.) 4283.5' GR	Name of Producing Formation Upper Penn		Top Oil/Gas Pay 9904		Tubing Depth 9784			
Perforations 9904-22 and 9934-40					Depth Casing Shoe 10,125			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/8	48		365		350 sxs Class "A"			
8-5/8	24 & 32		4,045		300 sxs Class "C"			
5-1/2	17		10,125		200 sxs Class "C"			
2-3/8			9,784'					

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 6-14-69	Date of Test 6-16-69	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure - -	Casing Pressure - -	Choke Size - -
Actual Prod. During Test 1073	Oil - Bbls. 323	Water - Bbls. 750	Gas - MCF 208

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.

Joe R. Howard
(Signature)
Division Production Manager

June 19, 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 completed wells.