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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)
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. R-3911

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

II. DESCRIPTION OF WELL AND LEASE
Lease Name State "36" Well No. 1 Pool Name, including Formation Unders. Baum (Upper Penn) Kind of Lease State, Federal or Fee State State Lease No. L-110
Location
Unit Letter G ; 1980 Feet From The north Line and 1980 Feet From The east
Line of Section 36 Township 13S Range 32E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Permian Corporation Address (Give address to which approved copy of this form is to be sent)
P. O. Box 3119, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Warren Petroleum Corporation Address (Give address to which approved copy of this form is to be sent)
P. O. Box 966, Hobbs, New Mexico 88240
If well produces oil or liquids, give location of tanks. Unit L 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: _____

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well ☒ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐
Date Spudded 10-16-69 Date Compl. Ready to Prod. 11-11-69 Total Depth 10,000' P.B.T.D. 9950'
Elevations (DF, RKB, RT, GR, etc.) 4292' GR Name of Producing Formation Upper Penn Top Oil/Gas Pay 9826' Tubing Depth 9775'
Perforations 9826-34' and 9854-64' 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" 362' 350
11" 8-5/8" 4062' 300
7-7/8" 5-1/2" 10,000' 280

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 12-1-69 Date of Test 12-11-69 Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24 hours Tubing Pressure - - - Casing Pressure - - - Choke Size - - -
Actual Prod. During Test 108 BO Oil-Bbls. 108 Water-Bbls. 1500 Gas-MCF 110

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
(Title)
December 17, 1969
(Date)

OIL CONSERVATION COMMISSION
APPROVED DEC 22 1969, 19____
BY Joe R. Howard
TITLE Division Production Manager
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.