NO OF COPIES REC	EIVED	:	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OF			

i ion Production Manager

April 3, 1970

(Title)

## 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

	LAND OFFICE	AGTIONIZATION TO THE	AND ON ONE AND NATURAL (	343			
	TRANSPORTER OIL						
	GAS						
	OPERATOR						
I.	PRORATION OFFICE						
	Operator						
Coastal States Gas Producing Company Address							
	P. O. Box 235, Midlan	nd, Texas 79701					
	Reason(s) for filing (Check proper box	:)	Other (Please explain)				
	New Well X Change in Transporter of:						
	Recompletion	Oil Dry Ga	s La Robert Mas C. Joz	e e a b abor tobe	เวนส		
	Change in Ownership	Casinghead Gas Conden	nsate []				
	If change of ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL AND						
	Lease Name	Well No. Pool Name, Including Fo			Lease No.		
	State "34"	1 Under Tulk (F	Penn) R-3964 State, Federa	or Fee State	L-523		
	Location						
	Unit Letter H : 1980	Feet From The north Lin	e andFeet From	The east			
		• • -					
	Line of Section 34 To	wnship 14S Range	32E , NMPM, Lea		County		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appro	and an adult from the			
		_			1		
	The Permian Corporat:		P. O. Box 3119, Midlan	d, Texas 7970	1		
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address Give address to which appro	ved copy of this form is	to be sent)		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en			
	give location of tanks.	<u> </u>					
	If this production is commingled wi	ith that from any other lease or pool,	give commingling order number:		•		
IV.	COMPLETION DATA	Takin in I a win					
	Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back   Same Re	s'v.   Diff. Res'v.		
			X	<del></del>			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	3-2-70	4-1-70	10,050'	9986'			
	Elevations (DF, RKB, RT, GR, etc.)	1	Top Oil/Gas Pay	Tubing Depth			
	4293 GR	Penn	9744	9560° Depth Casing Shoe			
	Perforations	7 <u></u>					
	,			10,050			
			CEMENTING RECORD		_		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CE	MENT		
	17-1/2	13-3/8	3661	350 sxs			
		8-5/8	4050°	300 sxs			
	7-7/8	5-1/2	10,050'	250 sxs			
	4-1/2	2-3/8	9560 <b>¹</b>		<del> </del>		
V.	TEST DATA AND REQUEST F		fter recovery of total volume of load oil	and must be equal to or	exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours)  Producing Method (Flow, pump, gas li	ift. etc.)			
				,,,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	4-1-70	4-2-70 Tubing Pressure	Flowing Casing Pressure	Choke Size			
	Length of Test						
	24 hours Actual Prod. During Test	200#	packer Water-Bols.	32/64 <sup>11</sup> Ggs-MCF			
	398	348	50	285			
		340		207			
	GAS WELL	It such of Tool	Phia Condenses ANGE	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	•		
		The second secon	Casing Pressure (Shut-in)	Choke Size	<del></del>		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Coming Presente (Bade-111)	Choke Size			
			<del> </del>				
VI.	CERTIFICATE OF COMPLIAN	ICE	OIL CONSERVA	ATION COMMISSIC	N		
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.			APPROVED, 19				
			BY /	Alpin			
	manufacture and assignment to the						
		$\wedge$	TITLE	451LE -			

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.

This form is to be filed in compliance with RULE 1104.

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