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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 BY DOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State "36"</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Under Baum (Upper Penn)</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>L-110</u>
Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>36</u> Township <u>13S</u> Range <u>32E</u> , NMPM, <u>Lea</u> 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"/> <u>Texas-New Mexico Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>221 N. Colorado, Midland, Texas 79701</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 966, Hobbs New Mexico 88240</u>	
If well produces oil or liquids, give location of tanks. Unit <u>L</u> Sec. <u>31</u> Twp. <u>13S</u> Rge. <u>33E</u>	Is gas actually connected? <u>Yes</u>	When <u>6-15-70</u>

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.
	<input checked="" type="checkbox"/>							
Date Spudded <u>5-4-70</u>	Date Compl. Ready to Prod. <u>6-15-70</u>		Total Depth <u>9950'</u>		P.B.T.D. <u>9904'</u>			
Elevations (D.F., RKB, RT, GR, etc.) <u>4292.6' GR</u>	Name of Producing Formation <u>Upper Penn</u>		Top Oil/Gas Pay <u>9808'</u>		Tubing Depth <u>9800'</u>			
Perforations <u>9808-30', 9835-48' w/1 JSPF</u>					Depth Casing Shoe <u>9950'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17-1/2</u>	<u>13-3/8"</u>		<u>365'</u>		<u>350 sxs Class "H"</u>			
<u>11</u>	<u>8-5/8"</u>		<u>4,050'</u>		<u>300 sxs Class "C"</u>			
<u>7-7/8"</u>	<u>5-1/2"</u>		<u>9,950'</u>		<u>200 sxs Class "C"</u>			
<u>5-1/2"</u>	<u>2-3/8"</u>		<u>9,800'</u>		<u>--</u>			

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 <u>6-12-70</u>	Date of Test <u>6-15-70</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Hydraulic Pump</u>	
Length of Test <u>24</u>	Tubing Pressure <u>--</u>	Casing Pressure <u>--</u>	Choke Size <u>--</u>
Actual Prod. During Test <u>215 BO</u>	Oil-Bbls. <u>215 BO</u>	Water-Bbls. <u>1,027</u>	Gas-MCF <u>115</u>

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)

June 16, 1970
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 18 1970, 19
BY [Signature]
TITLE SUPERVISOR DISTRICT

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

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JUN 17 1970

OIL CONSERVATION DIST. DIV.
HOBBBS, N. M.