

DISTRIBUTION

AMTAFE

FILE

LOGS

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

STANDARD FORM FOR TRANSPORT OIL AND NATURAL GAS

Form O-1104

APPROVED BY OCS and

Effective 1-1-79

Operator

Coquina Oil Corporation

Address

P. O. Drawer 2960, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter or

Oil

Drainhead Gas

Low Gas

Effective 10/1/79

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name

Cities Service State

Well No., Pool Name, (including Formation)

1 High Plains, Penn

Kind of Lease

State, Federal or Fee

State

Lease No.

K-3714

Location

Unit Letter

E

1980

Feet From The

North

Line and

660

Feet From The

West

Line of Section

26

Township

14-S

Range

34-E

N.M.P.M.

Lea

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

X

or Condensate

Address (Give address to which approved copy of this form is to be sent)

Navajo Crude Oil Purchasing Company

P.O. Box 159 Artesia, New Mexico 88210

Name of Authorized Transporter of Gasineous Gas

X

or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

Tipperary Corporation

500 West Illinois Midland, Texas 79701

If well produces oil or liquids, give location of tanks.

Unit

E

Sec.

26

Twp.

14-S

Rge.

34-E

Is gas actually connected?

Yes

When

10/20/73

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't.

Diff. Res't.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

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

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil - Bbls.

Water - Bbls.

Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (pilot, 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.

Signature

Vice President

(Title)

September 24, 1979

(Date)

OIL CONSERVATION COMMISSION

SEP 27 1979

APPROVED

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BY

Orig. Signed by

Jerry Sexton

Dist 1, Supr.

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 O-104 must be filed for each pool in multiple