	DISTRIBUTION ANTA FE ILE J.S.G.S.	REQUEST	CONSERVATION COMPANION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C- Effective 1-1-65
1.	LAND OFFICE IRANSPORTER GAS OPERATOR PRORATION OFFICE		ANSPORT OIL AND NATURAL	_ GAS
	Coperator Coquina Oil Corporation			
	Address P. O. Drawer 2960, Midland, Texas 79702			
	P. U. Drawer 29 Reason(s) for filing (Check proper box		Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion Change in Ownership	Cil I Dry C Casinghead Gas Conde	EIIective	8-1-78
	If change of ownership give name			
	and address of previous owner		·····	
H.	DESCRIPTION OF WELL AND Lease Name Cities Service State	LEASE Well No. Pool Name, including F ] High Plains,		ase Lease No. era; or Fee State K-3714
	Unit Letter E ; 1980 Feet From The North Line and 660 Feet From The West			
		wnship 14-S Bange 3		Lea County
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS           Name of Authorized Transporter of Cit. X         or Condensate         Address (Give address to which approved copy of this form is to be sent)			
	Basin, Inc.		P. O. Box 2297, Midla	and, Texas 79702
`	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)
	If well produces oil or liquida, give location of tanks.	Unit ( Sec. Twp. Rge.	is gas actually connected?	When
IV.	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	
	Designate Type of Completio	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, CR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow			
ī	OII. WELL able for this de 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	Oll-Bbis.	Water - 3bl <b>s</b> .	Gas-MCF
	GAS WELL			
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ŀ	Testing Method (pitot, back pr.)	Tubing Pressure ( shut-in )	Casing Pressure (Shut-in)	Choke Size
L VI. I	CERTIFICATE OF COMPLIAN	LCE		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED JUL 24 1978 19	
	Commission have been complied w	vith and that the information given best of my knowledge and belief.	iven Oxis Signed Lig	
			Dir Jerry Restan	
-	(J. B. Taylor)		If this is a request for allo	compliance with RULE 1104. Swable for a newly drilled or deepened
-	Vice President		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
-	July 21, 1978		All sections of this form m able on new and recompleted w	nust be filled out completely for allow- wells.
-	(Date)		Fill out only Sections I, well name or number, or transpo	II. III, and VI for changes of owner, orter, or other such change of condition.
			1	at he filed for each pool in multiply