

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-11
Effective 1-1-65

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator
Coquina Oil Corporation
Address
200 Bldg. of Southwest, 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 (Casinghead Gas MUST NOT BE PLACED IN THE POOL UNLESS AN EXCEPTION TO R-4070 IS OBTAINED) 4/12/73

If change of ownership give name and address of previous owner

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cities Service-State	Well No. 1	Pool Name, Including Formation High Plains, Penn	Kind of Lease State, Federal or Fee State	Lease No. K-3714
Location Unit Letter E, 1980 Feet From The N Line and 660 Feet From The W Line of Section 26 Township 14S Range 34E, NMPM, Lea 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"/> The 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Tipperary Corporation	Address (Give address to which approved copy of this form is to be sent) 229 Western United Life Bldg., Midland, Tx.					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 26	Twp. 14S	Rge. 35E	Is gas actually connected? No	When As soon as line can be laid.

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) X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-24-73	Date Compl. Ready to Prod. 9-18-73		Total Depth 10,579		P.B.T.D. 10,560			
Elevations (DF, RKB, RT, GR, etc.) G.L. 4084	Name of Producing Formation Saunders Lime		Top Oil/Gas Pay 10,401'		Tubing Depth 10,139			
Perforations 10,401-409					Depth Casing Shoe 10,561			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	12 3/4"	378	375
11"	8 5/8"	4544	300
7 7/8"	5 1/2"	10561	350
5 1/2" csg.	2 3/8"	10139	--

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 9-17-73	Date of Test 9-18-73	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 610 psi	Casing Pressure packer	Choke Size 13/64"
Actual Prod. During Test	Oil-Bbls. 400	Water-Bbls. 15	Gas-MCF 565

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.

Ben D. Gould
(Signature)
Superintendent

September 24, 1973

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John A. Patton
TITLE SUPERVISOR

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.