STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

]	
DISTRIBUTI	OH .		
SANTA PE			
PILE			
U.1.G.5.			
LAND OFFICE			
TRANSPORTER	OIL		
OPERATOR			
		1	

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		·				
Coastal Oil and Gas Corpo	ration					
Address				, <u>,,</u>		
P. O. Box 235, Midland, T	'exas 7'	9702				
Reeson(s) for filing (Check proper box)				Other (Please	e explain)	
New Well	Change is	Transporter of:				
Recompletion	x ou		Dry Gas			
Change in Ownership	F - 3	nghead Gas	Condensate			
II. DESCRIPTION OF WELL AND	LEASE Well No.	Pool Name, Inclu	iding Formation		Kind of Lease	Lease No.
State "26"	4	Tulk (Pe	enn)		State, Federal or Fee	L-521
Location						······
Unit Letter F : 1980	Feet Fro	m The <u>north</u>	Line and	1980	Feet From The West	· · · ·
Line of Section 26 Towns	14-S	Ran	• <u>32-</u> E	, NMPN	, Lea	County
III. DESIGNATION OF TRANSPO					· · · · · · · · · · · · · · · · · · ·	
Name of Authorized Transporter of Oil	୍ର ଜ ପ	iondensate 🗔	Asdress	(Give address	to which approved copy of this for	m is to be sent)

Koch Oil Company of Te	as			P. O. Box 2256, Wichita, Kansas 67201	
Name of Authorized Transporter of Casinghead Gas 🔀 🛛 or Dry Gas 🗌			or Dry G	Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum Company				P. O. Box 1589, Tulsa, OK 74102	
if well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actually connected? When
give location of tanks.	F	26	¦14S	32E	yes 1-23-84

If this production is commingied with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

(Signatu

Petroleum Engineer

September 28, 1984

(Date)

OIL CONSERVATION DIVISION							
APPROVED		3 1984	, 19				
8Y		eny.	(
T1T1.5	NA the second	n nation					

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

If this is a request for sllowable 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 completed wells.

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

IV. COMPLETIC N DATA

.

Designate Ty	pe of Completion	on - (X)	011 Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Restv.
Date Spulded		Dete Compl.	Ready to J	Prod.	Total Depti	1		P.B.T.D.	• •	!
Elevetions (DF, RI	B. RT, GR, etc.;	Name of Pro	iducing For	motion	Top Oll/Ga	s Pay		Tubing Dep	th	
Performions					<u></u>	<u></u>		Depth Casir	ng Shoe	
······			TUBING,	CASING, AN	D CEMENTI	NG RECOR	<u> </u>			·
HOLI	SIZE		IG & TUBI			DEPTH SE		SA	CKS CEMEN	٣
								+		
					+	•				

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed to ellow-OIL WELL able for this depth or be for full 24 houre)

Date First New Oil Run To Tanke	Date of Tees	Producing Method (Flow, pump, gas lift, etc.)		
Longth of Tool	Tubing Pressure	Casing Pressure	Choke Size	
Actual Pred. During Test	Oll - Bhis.	Water - Bhie.	Gas - MCF	
l				

GAS WELL

Actual Prod. Test- 4CF/D	Length of Test	Bbis. Contenante/MMCF	Gravity of Condensate
Tooling Mothed (plint, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size

05 (S. 1997)

T - 1 198**4**