STATE OF NEW MEXICO

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DISTRIBUTIO	3 M	
SANTA PE		
FILE		
U.8.0.A.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OF	ICE	

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

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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1				
Operator				
Coastal Oil & Gas Corpora	tion			
Address				
P. O. Box 235, Midland, T	'exas 79702			
Reeson(s) for filing (Check proper box)			Other (Please explain)	
New Well	Change in Transporter of:			
New Well Recompletion		Dry Gas		
Change in Ownership	Casinghead Gas			

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AN		oi Name, Including Formation	Kind of		Lease No.
State 23 Com.	2 -X	Tulk (Penn)	State, F	eserai or Fee State	L-521
Location					
Unit Letter \underline{N} ; <u>19</u>	980 Feet From 1	The West Line and	660 Foot F	rom The South	<u></u>
tine of Section 23 To	waship 14-S	Bange 32-E	NMPM,	Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

tame of Authorized Transporter of Oli 了 or Concensate 🗍 Adaress (Give address to which approved copy of this form is to be sent)					to be sentj		
Navajo Refining Comp	any				P. O. Drawer 159,	Artesia, New Mexic	0 88210
Name of Authorized Transporter of Casinghead Gas 📑 or Dry Gas 🦳				Address (Give address to which approved copy of this form is to be sent)			
Warren Petroleum Com	pany				P. O. Box 1589, T	ulsa, Oklahoma -741	102
	Unit	Sec.	Twp.	Rge.	is gas actually connected?	When	
If well produces oil or liquids, give location of tanks.	N	26	14 - S	32 - E	Yes	7-29-84	

If this production is commingled 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.

(Signature)

Petrbleum Engineer

August 10, 1984

(Date)

(Tule)

OIL CONSERVATION DIVISION APPROVED AUG 2 1 1984	
BYEddie W. Seay	
Oil & Gas Inspector	

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 completed wells.

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IV. COMPLETION DATA

Designate Type of Comple	tion = (X)	New Well	Workover	Deepen	Plug Back	Same Resty.	Ditt. Res'v	
Date Spuddes	Date Compl. Ready to Prod.	Total Depti	1 	1	P.B.T.D.	I		
6-14-84	7-23-84	9985'			F.B.T.D. 9924 '			
Levenione (DF. RKB. RT. GR. etc.		Top OLI/Ge	s Pay		Tubing Dep			
4291.4 CL	Penn 9562				9896'			
9703-9773'					Depth Casir 998	-		
	TUBING, CASING, AN	D CEMENTI	G RECORD)				
NOL E SIZE	CASING & TUBING SIZE		DEPTH SE	the second s	54	CKS CEMEN	P	
17-1/2	15-378"		385'			425 sx		
111	8-5/8"		4100'			1300 sx		
<u> </u>	5-1/2"		9985'			500 sx		
			•					

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 top ellow-OIL WELL able for this depth or be for full 24 houre)

Date First New Oil Run To Tanza	Date of Teet	Producing Method (Flow, pump, gas lift, etc.)		
7-25-84	7-29-84	Pumping		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24		_	_	
Actual Prod. Durinit Test	Oll-Bhis.	Water - Bbla.	Gae-MCF	
	71	33	85.2	

GAS WELL

Actual Pros. Teet-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Teeline Method (publi back pr.)	Tubing Pressure (Shat-is)	Casing Pressure (Shut-in)	Choke Size

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