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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104  
Supersedes Old O-104 and  
Effective 1-1-65

I. OPERATOR  
Coquina Oil Corporation  
Address  
P. O. Drawer 2960, Midland, TX 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 (Please explain): CASINGHEAD GAS MUST NOT BE  
PRODUCED AFTER 3/1/76  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.

If change of ownership give name and address of previous owner \_\_\_\_\_  
II. DESCRIPTION OF WELL AND LEASE  
Lease Name: State KNN Well No.: 1 Pool Name, including Formation: Arkansas Junction San Andres Kind of Lease: State, Federal or Fee State Lease No.: L-2948  
Location  
Unit Letter: J ; 1980 Feet From The South Line and 1980 Feet From The East  
Line of Section: 20 Township: 18-S Range: 35-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Miller Oil Co. Address (Give address to which approved copy of this form is to be sent): 3210 W. Interstate 20  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
W/O Gas contract Address (Give address to which approved copy of this form is to be sent):  
If well produces oil or liquids, give location of tanks. Unit: J Sec.: 20 Twp.: 18S Rge.: 35E Is gas actually connected? W/O gas contract When:

IV. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well ☒ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Restv. ☐ Diff. Restv. ☐  
Date Spudded: 8-2-75 Date Compl. Ready to Prod.: 12-6-75 Total Depth: 12,266' P.B.T.D.: 5647'  
Elevations (DF, RKB, RT, GR, etc.): 3829' Name of Producing Formation: San Andres Top Oil/Gas Pay: 5,552 Tubing Depth: 5567.50  
Perforations: 5552-5583 Depth Casing Shoe: --  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
17 1/2" 12 3/4" 333.18' 400  
11" 8 1/2" 5010.91' 500  
7 7/8" 5 1/2" 5694.00' 200  
2 3/8" tubing 5567.60'

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 allowable for this depth or be for full 24 hours)  
OIL WELL  
Date First New Oil Run To Tanks: Date of Test: 12-15-75 Producing Method (Flow, pump, gas-lift, etc.): Pump  
Length of Test: 24 hrs Tubing Pressure: -- Casing Pressure: -- Choke Size: --  
Actual Prod. During Test: 24 hrs Oil-Bbls.: 25 Water-Bbls.: 60 Gas-MCF: 123.75

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.  
C. Alan Bump  
(Signature)  
Engineering Assistant  
(Title)  
12-18-75  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY: Jerry Salter  
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.