

DISTRIBUTION	
ANTA FE	
ILE	
S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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 1-1-55

I.

Operator Coquina Oil Corporation	
Address P. O. Drawer 2960 Midland, TX 79702	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) CASHED IN GAS MUST NOT BE RECEIVED IN EXCEPTION TO R-4070 IS OBTAINED.	

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESTINATED BELOW IF YOU DO NOT CONCUR

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 747	Well No. 1	Location Airstrip Bone Springs	Kind of Lease State, Federal or Free State	Lease No. LG 3425
Location				
Unit Letter A	330	Feet From The North	Line and 330	Feet From The East
Line of Section 35	Township 18-S	Range 34-E	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"/> Basin, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2297 Midland, TX 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Negotiating Contract		
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 35
	Twp. 18S	Range 34E
	Is it actually connected? No	

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)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Resv. <input type="checkbox"/>	Diff. Resv. <input type="checkbox"/>
Date Spudded 6/4/80	Date Compl. Ready to Prod. 8/5/80		Total Depth 10,800'		F.B.T.D. 9526'			
Elevations (DF, RKB, RT, GR, etc.) GR 3972'	Name of Producing Formation Bone Springs - upper		Top Oil-Gas Pay 9453'		Taking Depth 9337'			
Perforations 1 JSPF 9386, 88, 90, 92, 94, 96, 98, 9400, 02, 04, 06, 09, 11, 26, 28, 30, 32, 34, 36, 38, 40, 42, 44, 46, 48, 51, & 9453' (27 holes)				Depth Casing Shoe 9608'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8"		300'		350 SXS C1 "C"			
12 1/4"	9-5/8"		3990'		1500sxs HowcoLite & C1 "C"			
8-3/4"	5 1/2"		9608'		600 SXS TLC			

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)

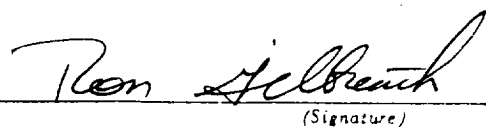
Date First New Oil Run To Tanks 7/26/80	Date of Test 8/2/80	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 175 psi	Casing Pressure Pkr	Choke Size 24/64"
Actual Prod. During Test	Oil-Bbls. 290.5	Water-Bbls. 8.5	Gas-MCF 77

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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.


(Signature)

Production Manager

(Title)

8/7/80

(Date)

OIL CONSERVATION COMMISSION

APPROVED

AUG 15 1980

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BY

TITLE

SUPERVISOR DISTRICT

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 multiple