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PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

OCT 17 3 42 PM '63
New Mexico
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Abilene, Texas

10-16-63

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Coastal States Gas Producing Co-Gulf State, Well No. 1, in NE 1/4 NW 1/4,

(Company or Operator)

(Lease)

F, Sec 2, T -17-S, R -36-E, NMPM., Double "A" Abo Pool

Unit Letter

Lea

County Date Spudded 6-13-63

Date Drilling Completed 8-6-63

Elevation 3875' GL Total Depth 9233' FBTD 9229

Top Oil/Gas Pay 9007 Name of Prod. Form. Abo

PRODUCING INTERVAL -

Perforations 9007 - 9027'

Open Hole None Depth 9232 Casing Shoe 9040

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 166 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size Choke Pump

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 Gals MCA & 10,000 Gals FLAX-2

Casing Press. -0- Tubing Press. -0- Date first new oil run to tanks August 26, 1963

Oil Transporter Texas-New Mexico Pipeline Company

Gas Transporter

Remarks: Well completed as an oil well.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: COASTAL STATES GAS PRODUCING COMPANY
(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]
(Signature)

Title Production Superintendent
Send Communications regarding well to:

Name Coastal States Gas Producing Co.

P O Box 385. Abilene, Texas