DISTRIBUTION	NEW MEXICO O	L CONSERVATION COMM ON			
ANTA FE	REQUEST FOR ALLOWABLE  Form C-104  Supersedes Old C-104 and				
ILE		AND	Supersedes Old C-104 and ( Effective 1-1-65		
.\$.G.\$,	AUTHORIZATION TO	TRANSPORT OIL AND NATURA	AL CAS		
LAND OFFICE		TO THE BILL NATURA	AL GAS		
TRANSPORTER GAS					
OPERATOR					
Operator	· •				
Coquina Oil Co	orporation		-		
P.O. Box 2960	, Midland, TX 79702				
Reason(s) for filing (Check prope	r box)	Other (Please explain)			
New Well	Change in Transporter oi:	Change in Transporter of:			
Recompletion Change in Ownership		y Gas X ndensate			
If change of ownership give nat and address of previous owner					
I. DESCRIPTION OF WELL A	ND LEASE  Well No., Pool Name, including	r Formation Kind of L			
Union State	1 La Rica (Mo	I Attina C. L.	deral or Fee State K-5303		
Unit Letter K 16	Feet From The South	Line and 1650 Feet Fr	om The West		
Line of Section 3	Township 19S Bange	34E , NMPM, Le	2a County		
Name of Authorized Transporter s	ORTER OF OIL AND NATURAL	GAS Address (Give address to which ap	proved copy of this form is to be sent)		
Name of Authorized Transporter o	f Casingnead Gas or Dry Gas				
Continential Oil (		P.O. Box 1980, Ho	proved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Ege.   K   3   19S   34	Is gas actually connected?	When 4-25-77		
If this production is commingled. COMPLETION DATA	with that from any other lease or poo	<del> </del>	. 20 //		
Designate Type of Compl	etion = (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty.   Diff. Rest		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth		
Perforations		1	Depth Casing Shoe		
	TUBING, CASING, A	ND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
			SACING CEMENT		
TEST DATA AND REQUEST OIL WELL  Date First New Oil Bun To Tanks	able for this	aepth or be for full 24 hours)	oil and must be equal to or exceed top allow		
Date First New Oil Hun to lanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Cil-Bbls.	Water - Bble.	Gas - MCF		
GAS WELL		<u> </u>			
Actual Prod. Test-MCF/D	Length of Test	Bbis, Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			

## VI.

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. Clan Gumps (Signature)	C. Alan Bump
(Signature)	
Engineer Assistant	
(Title)	

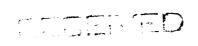
September 2, 1977 (Date)

BY	V	1 + 31	 
TITLE		, Supv.	

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.



SEPT 1977

OIL CONSERVATION COMM. HOBBS, N. M.