

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Coquina Oil Corp.

Address
P.O. Box 27725, Houston, TX 77227-7725

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (If approved to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM))

If change of ownership give name and address of previous owner Mid America Petroleum, P.O. Box 3120, Midland, TX 79702

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

I. DESCRIPTION OF WELL AND LEASES OFFICE

Lease Name New Mexico B State	Well No. 1	Pool Name, Including Formation Scharb, Bone Springs	Kind of Lease State, Federal or Fee	State	Lease No.
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>3</u> Township <u>19S</u> Range <u>34E</u> , NMPM, <u>Lea</u> County					

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> JM Petroleum	Address (Give address to which approved copy of this form is to be sent) 2500 Allianz Financial Centre, 2323 Bryan, LB185, Dallas, TX 75201				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102				
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 3	Twp. 19S	Rge. 34E	Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number: N/A

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X					X		X
Date Spudded 5/21/81	Date Compl. Ready to Prod. 5/11/88		Total Depth 13,701'		P.B.T.D. 8789'			
Elevations (DF, RKB, RT, GR, etc.) 3987'	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 8530'		Tubing Depth 8398'			
Perforations 8530-50, 8554-63, 8567-74, 8576-84					Depth Casing Shoe 13,701'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		520'		530			
12-1/4	8-5/8		4,405'		1825			
7-7/8	5-1/2		13,701'		1500			
	2-7/8		8,398'					

III. 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 5/11/88	Date of Test 5/26/88	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 75 psi	Casing Pressure 0	Choke Size 1/2
Actual Prod. During Test	Oil-Bbls. 108	Water-Bbls. 0	Gas-MCF 175

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

IV. 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 above is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)
Operations Engineering Manager
(Title)
6/6/88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, IS _____
BY ORIGINAL SIGNATURE OF SECTION
DISCUSS
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 C-104 must be filed for each pool in multiply completed wells.