HO. OF COPIES RECEIVED	\sim			
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION			Form C-104
ANTA FE	REQUEST FOR ALLOWABLE			Supersedes Old C-104 and C-110 Effective 1-1-65
FILE				
U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
IRANSPORTER OIL				
OPERATOR				
PRORATION OFFICE				
Operator	ation			
Coquina Oil Corpor		······································	<u> </u>	
	ne Southwest, Midland, Te	xas_79701		
Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please	explain)	
Recompletion	Oil Dry Gas	s []		
Change in Ownership X	Casinghead Gas Condens	sate		
If change of ownership give name	McGrath & Smith, Inc.,	418 Bldg of So	uthwast Mi	dland Toyac 70701
and address of previous owner			ا الاندر ما دتا الليام ا	utanu, texas 19701
Lease Name	LEASE Well No.: Pool Name, Including Fo	ormation	Kind of Lease	Lease No.
Baker	Drinkard_		State, Federal or	Fee Fee
Location				
Unit Letter <u>B</u> ; <u>33</u>	Feet From The <u>Orth</u> Line	e and <u>1650</u>	Feet From The	East
Line of Section 26 Tow	vnship <u>22-5 Range</u> 3	37-E , NMPM	Lea	County
	TTO OT AND S'ATURAL CA	S		
I. DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	X or Condensate	Address (Give address .	to which approved	copy of this form is to be sent)
Texas New Mexico P	ipe Line Company	P. 0. Box 151), Midland,	Texas 79701 copy of this form is to be sent)
Name of Authorized Transporter of Cas		1		
Skelly Oil Company	Unit Sec. Twp. Rge.	P. O. Box 113 Is gas actually connect	ed? Eunice, When	New Mexico
give location of tanks.	В 26 22-5 33-Е	Yes		4-1-69
	th that from any other lease or pool, g	give commingling orde	r number:	· ·
COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen P	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completio		Total Depth		P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	т	Subing Depth
Perforations		<u> </u>	C	Depth Casing Shoe
	TUBING, CASING, AND			
HOLESIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT
/. TEST DATA AND REQUEST F(DRALLOWABLE (Test must be af	fter recovery of total volu	ime of load oil and	I must be equal to or exceed top allow-
OIL WELL	able for this dej	pth or be for full 24 hours Producing Method (Flou	s)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (F 100	v, pump, gas uju, e	
Length of Test	Tubing Pressure	Casing Pressure	· · · · · · · · · · · · · · · · · · ·	Choke Size
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.		Gas - MCF
Actual Prea. During Test				
l <u></u>		-		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Ebis. Condensate/MMC	F	Gravity of Condunante
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	;-in) (Choke Size
I. CERTIFICATE OF COMPLIAN	CE			ION COMMISSION
I. CERTIFICATE OF COMPLIAN	רביט			
I hereby certify that the rules and r	regulations of the Oil Conservation	APPROVED		, 19
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY AN Alland		
		TITLE	RVISOR DIS	ÍNCT)
1.1 - 1				npliance with RULE 1104.
Blaylon		If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the doviation		
(Signature)		tests taken on the well in accordance with RULE 111.		
Superintendent (Tille)		All sections of this form must be filled out completely for allow- able on new and recompleted wells.		
2-12-71 (Date)		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.		
(00				e filed for each pool in multiply

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