

DISTRIBUTION			
ANTAF E			
FILE			
U.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-
Effective 1-1-65

I. Operator
Coquina Oil Corporation
Address
P.O. Drawer 2960 Midland, Texas 79702
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☒ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐ Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vivian	Well No. 1	Pool Name, including Formation Wantz Granite Wash	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>F</u> : <u>1787</u> Feet From The <u>North</u> Line and <u>1787</u> Feet From The <u>West</u> Line of Section <u>30</u> Township <u>22S</u> Range <u>38E</u> NMPM, <u>Lea</u> 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"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510 Midland, Tx. 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks. Unit <u>F</u> Sec. <u>30</u> Twp. <u>22S</u> Rge. <u>38E</u>	Is gas actually connected? <u>yes</u>	When <u>May 14, 1974</u>

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) <u>X</u>	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Restv. <input type="checkbox"/> Diff. Restv. <input checked="" type="checkbox"/>		
Date Spudded <u>10-19-71</u>	Date Compl. Ready to Prod. <u>1-9-78</u>	Total Depth <u>7319</u>	P.B.T.D. <u>7303</u>
Elevations (DF, RKB, RT, GR, etc.) <u>GL 3329 KB 3338</u>	Name of Producing Formation <u>Granite Wash</u>	Top Oil/Gas Pay <u>7252</u>	Tubing Depth <u>7199</u>
Perforations <u>7256-60; 7265-66; 7283-84</u>			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE <u>18"</u> <u>11"</u> <u>7 7/8"</u>	CASING & TUBING SIZE <u>15"</u> <u>8 5/8"</u> <u>5 1/2"</u>	DEPTH SET <u>30'</u> <u>1160'</u> <u>7319'</u>	SACKS CEMENT <u>2 yds</u> <u>625 SXS</u> <u>625 SXS</u>

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 <u>1-9-78</u>	Date of Test <u>1-10-78</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>530 psi</u>	Casing Pressure <u>560 psi</u>	Choke Size <u>18/64"</u>
Actual Prod. During Test <u>233 bbl fluid</u>	Oil-Bbls. <u>233</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>506</u>

GAS WELL

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

J. I. Berry
(Signature)
Drilling Manager
(Title)
1-12-78
(Date)

OIL CONSERVATION COMMISSION
JAN 16 1978
APPROVED _____, 19____
BY Jerry L. Lott
TITLE SUPERVISOR DISTRICT 1

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

RECEIVED

JAN 16 1978

OIL CONSERVATION COMM.
HOBBS, N. M.