NO. OF COPIES HECT	EIVED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

	DISTRIBUTION SANTA FE FILE	NTA FE REQUEST FOR ALLOWABLE			_ *	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65		
1.	U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	AUTHORIZATION TO TRAN	NSPORT OIL AND N	IATURAL GA				
	Coquina Oil Corporat.	ion						
	418 Bldg. of the Sou Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please	explain)				
	Recompletion Change in Ownership	Oil X Dry Gas Casinghead Gas Condens						
	If change of ownership give name and address of previous owner							
11.	DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including Fu	mation	Kind of Lease State, Federal	or Fee Fee	Lease No.		
	Vivian Location	787 Feet From The N Line	and 1787	Feet From Th				
			8-E , NMPM			County		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Andress (Give address)	to which approve	ed copy of this form i	s to be sent)		
	Name of Authorized Transporter of Call X or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)							
	Warren Petroleum Corporation P. O. Box 1589, Tulsa, Oklahoma 74102							
	tf well produces oil or liquids, F 30 22S 38E Yes 1-27-72							
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool, i	give commingling order	Deepen	Plug Back Same F	les'v. Diff. Res'v		
	Designate Type of Completic		χ'	Jan 1	P.B.T.D.			
	October 19, 1971	Date Compl. Ready to Prod. December 15, 1971	7319		7303	7303		
Elevations (DF, RKB, RT, GR, etc. GL 3329 KB 3338		Name of Froducing Formation Drinkard	Top Oil/Gas Pay 6260		Tubing Depth 6361			
	Perforations 6391-6448 Depth Casing Shoe 7319							
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		2 vds.			
	18	8 5/8	1160			625 sx. 625 sx.		
	7_7/8	5 1/2	7319					
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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)							
	OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)							
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		Gas-MCF			
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test				ravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Commy Francisco Co.		Choke Size			
VI.	CERTIFICATE OF COMPLIAN				1972 MMISS	ION 19		
	I hereby certify that the rules and Commission have been complied	APPROVED	Orig. Sign	ed by amoy				
	above is true and complete to th	Dist. I, Supv.						
Michelen			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepens this form must be accompanied by a tabulation of the deviation.					

Mitaylin	
(Signature)	
Superintendent	_
(Title)	
February 8, 1972	
(Date)	

If this is a request for all of the deviation of the deviation 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 allow able on new and recompleted wells.

Fill out only Sections I. H. III, and VI for changes of owner well name or number, or transporter, or other such change of conditions.

CVED.

FE3 0 (072

PL CONSERVATION COMM. HOBBS, N. M.