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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-110
Effective 1-1-65

I. Operator: Coquina Oil Corporation

Address: 418 Building of the Southwest, Midland, Texas 79701

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

Other (Please explain): CASINGHEAD GAS MUST NOT BE
PLANNED WITHIN 2/15/72
UNLESS AN ORDER TO R-4070
IS OBTAINED.

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Vivian</u>	<u>1</u>	<u>Drinkard</u>	State, Federal or Fee <u>Fee</u>	

Location:
Unit Letter F; 1787 Feet From The N Line and 1787 Feet From The W
Line of Section 30 Township 22-S Range 38-E, NMPM, Lea 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Admiral Crude Oil Corporation</u>	<u>P. O. Box 1713, Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Warren Petroleum Corporation</u>	<u>P. O. Box 1589, Tulsa, Oklahoma 74102</u>

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>F</u>	<u>30</u>	<u>22S</u>	<u>38E</u>	<u>Not Yet</u>	<u>Est. two weeks</u>

If this production is commingled with that from any other lease or pool, give commingling order number: NO

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
<u>X</u>	<u>X</u>		<u>X</u>					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
<u>October 19, 1971</u>	<u>December 15, 1971</u>	<u>7319</u>	<u>7303</u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
<u>GL 3329, KB3338</u>	<u>Drinkard</u>	<u>6260</u>	<u>6361</u>
Perforations			Depth Casing Shoe
<u>6391-6441</u>			<u>7319</u>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>18</u>	<u>15</u>	<u>30</u>	<u>2 yds.</u>
<u>11</u>	<u>8 5/8</u>	<u>1160</u>	<u>625 SX.</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>7319</u>	<u>625 SX.</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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>December 15, 1971</u>	<u>Dec. 16, 1971</u>	<u>Flow</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 Hours</u>	<u>50</u>	<u>200</u>	<u>1/2</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	<u>79.5</u>	<u>0</u>	<u>311</u>

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

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.B. Taylor (J.B. Taylor)
(Signature)
Superintendent
(Title)
December 22, 1971
(Date)

OIL CONSERVATION COMMISSION
APPROVED DEC 27 1971, 19
BY [Signature]
TITLE SUPERVISOR DISTRICT I

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.

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DEC 27 1971

OIL CONSERVATION COMM.
HOBBS, N. M.