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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during the calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Abilene, Texas

7/2/62

(Place) (Date)
WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: NW SE
Coastal States Gas Producing Co. - Goedeke Federal
Well No. _____, in _____ 1/4 _____ 1/4,
Company or Operator Goedeke -26-S -33-4 Salado Draw Delaware
Unit Lea, Sec. _____, T. _____, R. _____, NMPM, Pool
Date 6/14/62 Completed 6/20/62

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

County Spudd 8823 Date Drilled 5302 Completed 5251
Elevation 5042 Total Depth Delaware Sand

Top Oil/Gas Pay _____ Name of Prod. Form. _____

PRODUCING INTERVAL - 5042 - 52'

Perforations None Depth 5302 Depth 5005
Open Hole _____ Casing Shoe _____ Tubing _____

OIL WELL TEST - None

Natural Prod. Test _____ bbls oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracturing Treatment (after recovery of volume of oil equal to volume of acid or fracturing material used): 15 0 16/64"
load oil used) _____ bbls oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST - _____

Natural Prod. Test _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	367'	200
4-1/2"	5302'	150
2-3/8"	5005'	---

Method of Testing (meter, back pressure, etc.): _____

Test After Acid or Fracturing Treatment (after recovery of volume of oil equal to volume of acid or fracturing material used): _____ MCF/Day; Hours flowed _____

Choke Size _____

Acid or Fracturing Treatment (after recovery of volume of oil equal to volume of acid or fracturing material used): 2000 gals fract oil & 2550 lbs of 20-40 sand

sand): C-Pkr 250 late last new 6/30/62

Casing _____ Press. _____

Oil Transporter _____

Gas Transporter _____

Remarks: _____

I hereby certify that the information given above is true and correct to the best of my knowledge.
Approved: _____ Coastal States Gas Producing Company

(Company or Operator)

OIL CONSERVATION COMMISSION

District Engineer

By: Leslie A. Clement

Title _____

Send Communications regarding well to:
Coastal States Gas Producing Company

P. O. Box 385, Abilene, Texas