managaman and a second second a second a second as	٦			
DISTRIBUTION	<u> </u>		•	
SANTA FE	1	TONSERVATION COM SION FOR ALLOWABLE	Form C+104 Supersedes Old C-104 and C+1;	
FILE ;	, REGUESI	AND	Effective 1-1-65	
U.S.G. S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS	
LAND OFFICE				
TRANSPORTER GAS				
OPERATOR]			
PRORATION OFFICE Operator]			
Coastal Oil & Gas Co	orporation			
P.O. Box 235, Mid1:				
Reason(s) for filing (Check proper box		Other (Please explain)		
New Well	Change in Transporter of: Oil Dry Go	🗇		
Recompletion Change in Ownership X	Casinghead Gas Conder	≓l		
If change of ownership give name and address of previous owner	Gas Producing Enterprise	es, Inc. P.O. Box 235,	Midland, TX 79702	
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	ormation Kind of Lea	se Lease Nc.	
Conoco Federal	1 Salado Draw	1	2	
Location				
Unit Letter C ;	660 Feel From The North Lin	ne and 1980 Feel From	The West	
Line of Section 15 To	waship 26S Range 3	33E , NMPM, Lea	County	
	TER OF OIL AND NATURAL GA	<u>is</u>		
Name of Authorized Transporter of Oll	Dormina /F# 6 / 1 /03	Address (Give address to which appro	•	
The Permian Corporati		P.O. Box 1183, Houston		
Name of Authorized Transporter of Car Phillips Petroleum Co				
	Unit Sec. Twp. Pge.	Phillips Bldg., Bartle		
If well produces oil or liquids, give location of tanks.	C 15 26S 33E	Yes	5-21-75	
If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	NA .	
Designate Type of Completic	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff, Res'v.	
Date Spudred	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
El vi (DE DIO DE on	No. of Codesias Forestee	Top O!!/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.,)	Name of Producing Formation	100 0.17 003 747		
Perforations			Depth Casing Shoe	
1	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
-				
		1		
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be at	fire recovery of total volume of load oil	and must be equal to or exceed top allow-	
OIL WELL	able for this de	pih or be for full 24 hours)		
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ifi, etc.)	
Length of Teet	Tubing Pressure	Cosing Pressure	Choke Size	
Actual Pied, During Test	OII-Btis.	Water-Bble.	Gas-MCF	
	-			
GAS WELL	K .			
Actual Frod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
		Company (shut (a)	Choke Size	
Resting Method (pitot, back pr.)	Tubing Fressure (Shut-is)	Cosing Pressure (Sbut-in)	Chore atte	
CERTIFICATE OF COMPLIANC	E	OIL CONSERVA	ATION COMMISSION	
		APRROVED III 9	1980	
hereby certify that the rules and regulations of the Oil Censervation commission have been complied with and that the information given those is true and complete to the best of my knowledge and belief.		Orig. Signed by		
		BYJohn Runyan		
		TITLE Geologist		

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despends well, this form must be accompanied by a tabulation of the deviation trate taken on the well in accordance with NULE 111.

All sections of this form must be filled out completely for ellowable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner, all name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply obtend wells.

ı.

1.

1.

District Administrative Supervisor

June 12, 1980

(Title)

(Date)

مساه رستها يتعاف دراه موني د سمينسين			_				
NO. OF COPIES PECCETATE							
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C			Form C-104			
SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and Ellective 1-1-65				7-104 and C-11		
FILE		AND		Clincif44 1-1-02			
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AN D N	ATURAL GAS				
LAND OFFICE							
TRANSPORTER GAS							
OPERATOR							
PRORATION OFFICE							
Gas Producing Ent	erprises, Inc.						
Address							
P.O. Box 235, Mi							
Reason(s) for filing (Check proper box,	,	Other (Please	explain)				
New Well	Change in Transporter of:	Change in Transporter of:					
Recompletion	Cti Dry G						
Change in Ownership X	Casinghead Gas Conde	er,3 01e					
If change of ownership give name Cand address of previous owner		cing Compan y, P. C). Box 235,	Midland, TX	79702		
Lease Name	Zell No. Pool Name, including F	Formation 1	Kind of Lease		MLease No.		
Conoco Federal	1 Salado Drav	w Delaware	State, Federal or Fe	•• Federal (02965-A		
Unit Letter C; 66	O Feet From The North Li	ne and 1980	Feet From The	West	•		
Line of Section 15 Tov	waship 26S Range	33Е , ммрм,	Lea		County		
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL G	AS Address (Give address to	which approved co	py of this form is to l	be sent)		
The Permian Corporat		P.O. Box 1183,	Houston TX	77001			
Name of Authorized Transporter of Cas		Address (Give address to	which approved co.	py of this form is to l	se sent)		
Phillips Petroleum C		Phillips Bldg.	. Bartlesvil	le, OK 74004	4 .		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. C 15 26S 33E	ls gas actually connected	When	-21-75	·		
If this production is commingled wit	<u> </u>						
Designate Type of Completic	Cil Well Gas Well	New Well Workover	Deepen Plug	Back Same Restv.	Diff. Res'v.		
Designate Type of Completion		<u> </u>	1		<u> </u>		
Date Spudded	Date Compl. Ready to Prod.	Total Depth		.T.D.			
Elovations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tub	ing Depth			
Perforations			Dept	th Casing Shoe			
	TUBING, CASING, AN	D CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	r	SACKS CEME	NT		
TEST DATA AND REQUEST FO		after recovery of total volum lepth or be for full 24 hours)	e of load oil and mu	ust be equal to or exc	eed top allow-		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Kiethod (Flow.	pump, gas lift, etc.	.)			
Date First New On Hun 10 1 date		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Length of Test	Tubing Pressure	Cosing Pressure	Cho	ke Size			
Actual Pred, During Test	Cil-Bbia.	Water-Bble.	Gas	-MCF			
	L						
GAS WELL Actual From. Test-MCF/D	Length of Test	Bb.s. Contendate/MMCF	Gran	vity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shat-in)	Casing Pressure (Shut-1	(ho)	ke Size			
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION					

Ī.

Ī.

١.

Dist 1, Supv. This form is to be filed in compliance with RULE 1104. District Administrative Supervisor

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.

1/2/80

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.

Orig. Signed by Jerry Sexton

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, Il on a or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply