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**NEW MEXICO OIL CONSERVATION COMMISSION**  
**SANTA FE, NEW MEXICO**  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION**  
**TO TRANSPORT OIL AND NATURAL GAS**

**FORM C-110**  
 (Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>Coastal States Gas Producing Company</b>	Lease <b>Conoco-Federal</b>	Well No. <b>1</b>
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Unit Letter <b>C</b>	Section <b>15</b>	Township <b>26-S</b>	Range <b>33-E</b>	County <b>Lea</b>
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Pool <b>Wildcat</b>	Kind of Lease (State, Fed, Fee) <b>Federal</b>
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If well produces oil or condensate give location of tanks	Unit Letter <b>C</b>	Section <b>15</b>	Township <b>26-S</b>	Range <b>33-E</b>
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Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>The Permian Corporation</b>	Address (give address to which approved copy of this form is to be sent) <b>P. O. Box 3119 Midland, Texas</b>
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Is Gas Actually Connected? Yes \_\_\_\_\_ No ☒

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> <i>Vent</i>	Date Connected	Address (give address to which approved copy of this form is to be sent)
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If gas is not being sold, give reasons and also explain its present disposition:

**No Market**

**REASON(S) FOR FILING (please check proper box)**

New Well ..... <input checked="" type="checkbox"/>	Change in Ownership ..... <input checked="" type="checkbox"/>
Change in Transporter (check one)	
Oil ..... <input type="checkbox"/>	Dry Gas .... <input type="checkbox"/>
Casing head gas . <input type="checkbox"/>	Condensate.. <input type="checkbox"/>

Remarks

*John J. B. Moorhead*

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **14th** day of **February**, 19**62**.

<b>OIL CONSERVATION COMMISSION</b>	By <i>C. J. Kimball III</i>
Approved by <i>[Signature]</i>	Title <b>District Engineer</b>
Title	Company <b>Coastal States Gas Producing Company</b>
Date	Address <b>P. O. Box 385, Abilene, Texas</b>

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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

New Well  
Recompletion

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 QUADRUPLICATE 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 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

2/12/62

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

J. B. Moorhead - Conoco-Federal

(Company or Operator)

(Lease)

Well No. 1, in NE 1/4 NW 1/4,

C

Sec. 15

T. -26-S, R. -33-E, NMPM, Wildcat

Pool

Unit Letter

Lea

County. Date Spudded 1/21/62

Date Drilling Completed 2/1/62

Please indicate location:

Elevation DF - 3302'

Total Depth 5300' PBTD 5245'

Top Oil/Gas Pay 4987'

Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 5005' - 09'

Open Hole Depth 5247' Casing Shoe Depth 4981'

OIL WELL TEST -

Natural Prod. Test: None bbls. oil, bbls water in hrs, min. Choke Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 34 bbls. oil, 1 bbls water in 24 hrs, min. Choke Size 20/64"

GAS WELL TEST -

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

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Total - 500 gals of 7% MCA

Casing Press. 0 Tubing Press. 150 Date first new oil run to tanks 2/6/62

Oil Transporter

Gas Transporter

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved, 19.

J. B. Moorhead

(Company or Operator)

OIL CONSERVATION COMMISSION

By:

Operator

Title

Send Communications regarding well to:

Name Coastal States Gas Producing Co.

Address

P. O. Box 385, Abilene, Texas