	NO, OF CUPIES RECEIVED	٦ .					
	DISTRIBUTION SANTA FE	j	CONSERVATION COM SION	Form C - 104 Supersedes Old C-104 and C-1			
	FILE ;	- KEGULS	AND	Effective 1-1-65			
	U.S.G.S.	_ AUTHORIZATION TO TR	RANSPORT OIL AND NATU	RAL GAS			
	LAND OFFICE OIL	-					
	TRANSPORTER GAS						
ı.	OPERATOR PROBATION OFFICE Operator	_	·				
	Coastal Oil & Gas Corporation						
	P.O. Box 235, Midl Reason(s) for filing (Check proper box	and, TX 79702	Other (Please explai				
	New We!!	Change in Transporter of:	Omer predict explain	•,			
	Recompletion Change in Ownership X	Cil Dry C Casinghead Gas Cond	Cas Consate Co				
	If change of ownership give name and address of previous owner	Gas Producing Enterpris	ses, Inc. P.O. Box 2	35, Midland, TX 79702			
II.	DESCRIPTION OF WELL AND LEASE. Lease Name Well No., Pool Name, Including Formation Kind of Lease Lease No.						
	Conoco Federal		l l	Federal or Fee Federal NM-02965-			
	Unit Letter B : 660) Feet From The North Li	Ine and Feet	From The East			
	Line of Section 15 To	wnship 26S Range	33E , nmpm, L	ea County			
II.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil SWD	TER OF OIL AND NATURAL G.		approved copy of this form is to be sent)			
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) None						
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected?	When			
	If this production is commingled wi	th that from any other lease or pool,	- 1	r: NA .			
v.	Designate Type of Completic	on - (X)	New Well Workover Deep	Plug Back Same Res'v. Diff, Res'v.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.,)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth			
	Perforations	1		Depth Casing Shoe			
		TUBING, CASING, AN	D CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
-							
, l ,	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	Ifter recovery of total volume of lo	ad oil and must be equal to or exceed top allow-			
	OIL WELL Date First New Cil Run To Tanks	able for this de	Froducing Method (Flow, pump,	•			
	Length of Test	Tubing Pressure	Cosing Pressure	Choke Size			
ŀ	Actual Prod. During Test	Oil-Bhis.	Water-Bbis,	Gas-MCF			
1_	CACHELL	E .	1				
Γ	GAS WELL Actual Frod. Tool-NCF/D	Length of Test	Bbie. Condensate/MMCF	Gravity of Condensate			
	Testing kiethod (pitot, back pr.)	Tubing Freseure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	CERTIFICATE OF COMPLIANC	DE .	OIL CONSE	RVATION COMMISSION			
			. III 23 1980				
- (hereby certify that the rules and re- commission have been complied w	ith and that the information given	APPROVED				
•	have is true and complete to the	best of my knowledge and belief.	BY	Barrier Commence			

Lamature)

(Date)

District Administrative Supervisor (Title) June 12, 1980

TITLE __ This form is to be filed in compliance with AULE 1104. If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation train taken on the well in accordance with NULE 111.

Gariley, se

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

Fill out only fections 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 matth, by cloted wells.

يواد المحاسر وواولا ١٠١٤ د ١٠١٨ مستر الما المحاسبين	~				
DISTRIBUTION					
		TONSERVATION COMMISS. IN FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1		
FILE	REGOLOT	AND	Effective 1-1-65		
U.\$.G.\$.	AUTHORIZATION TO TRA	ANSPORT OIL AN <mark>D NATURAL (</mark>	GA S		
LAND OFFICE					
TRANSPORTER GAS					
OPERATOR					
PRORATION OFFICE Operator					
Gas Producing En	terprises, Inc.				
Address					
P.O. Box 235, M		Char (Planes - Land			
Reason(s) for filing (Check proper bos	Other (Please explain) Change in Transporter of:				
Recompletion	CII Dry Go	os [
Change in Ownership X	Casinghead Gas Conde	risiate 🔲			
If change of ownership give name	Coastal States Gas Produc	cing Company, P.O. Box 2	35, Midland, TX 79702		
DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Pool Name, Including F				
Conoco Federal	2 Salado Draw I	Delaware State, Federa	lorFee Federal 02965-A		
Location Unit Letter B : 6	60 Feet From The North Lir	no and 1710 Feet From	The East		
15	waship 26S Range 33		County		
Ellic of Section					
DESIGNATION OF TRANSPOR Name of Authorized Transporter of Or SWD	TER OF OIL AND NATURAL GA	AS Address (Give address to which approved to the control of the c	ved copy of this form is to be sent)		
Name of Authorized Transporter of Ca None	singhead Gas or D:y Gas	Address (Give address to which approv	ved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected? When NO			
	th that from any other lease or pool,	<u> </u>	NA		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Completion			!		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Florence (DE PLO PT CD	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Rame of Producing Formation	rep onyous ray	A deling Bepin		
Perforations .			Depth Casing Shoe		
HOLE SIZE	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT		
NOCE SIZE					
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil o	and must be equal to or exceed top allow-		
OIL WELL	able for this de	pth or be for full 24 hours)			
Date First New Oil Run To Tonks	Date of Test	Producing Method (Flow, pump, gas life	i, eic.j		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas-MCF		
GAS WELL					
Actual Frod. Tool-MCF/D	1,ength of Test	Bile. Condensate/MMCF	Gravity of Condensate		
Teating Mathed Journey Asset as 1	Tubing Presewe (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
Testing Method (pitot, back pr.)	. com Lianama (SVat-Tu)	Carring 1 10 28 mile 2 miles			
CERTIFICATE OF COMPLIANCE	DE	JAN 7	TION COMMISSION		
hereby certify that the rules and r	egulations of the Oil Conservation with and that the information given	APPROVED			
bove is true and complete to the	beat of my knowledge and belief.	BY Orig. Signed Fg Jerry Sexton			
		TITLE Dist 1, Supv.			

II.

I.

V.

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despened 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, I have ver transporter, or other such change of condition.

Sequence Forms C-104 must be filed for each pool in multiply District Administrative Supervisor (Title)

1/2/80 (Date)