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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico
REQUEST FOR (OIL) - (GAS) ALLOWABLE

(Form C-10)
Revised 7/1/57

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

7/23/62

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:
Coastal States Gas Producing Co Conoco-Federal

Well No. 3

NW

SE

, in 1/4 1/4

Company or Operator

15

T -26-S

(Lease)

-33-E

Undesignated

Pool

Unit Letter

Lea

County. Date Spudded. 6/2/62

Date Drilling Completed 6/11/62

Elevation DF - 3314'

Total Depth 5301' PBTD 5266'

Please indicate location:

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

Top Oil/Gas Pay 5027' Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

5031 - 34'

Perforations

Open Hole Depth Casing Shoe Depth Tubing

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): 55 bbls. oil, 110 bbls water in 21 hrs, 0 min. Choke Size 1"

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): 3000 gals of Humble Frac Oil & 2750# 20-40 Sand

Casing 0 Tubing 0 Date first new oil run to tanks 7/22/62

Oil Transporter The Permian Corporation

Gas Transporter

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	356.5	200
4 - 1/2	5300	150
2-3/8	4996	---

Remarks: Well on pump

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

Approved July 23 1962

Coastal States Gas Producing Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]

Title

By: C. J. Kimball Jr.

(Signature)

Title District Engineer

Send Communications regarding well to:

Name Coastal States Gas Producing Co.

Address P. O. Box 385, Abilene, Texas

<div>NUMBER OF COPIES RECEIVED</div> <div>DISTRIBUTION</div> <table><tr><td>SANTA FE</td><td></td><td></td></tr><tr><td>FILE</td><td></td><td></td></tr><tr><td>U.S.G.S.</td><td></td><td></td></tr><tr><td>LAND OFFICE</td><td></td><td></td></tr><tr><td>TRANSPORTER</td><td>OIL</td><td></td></tr><tr><td></td><td>GAS</td><td></td></tr><tr><td>PRORATION OFFICE</td><td></td><td></td></tr><tr><td>OPERATOR</td><td></td><td></td></tr></table>		SANTA FE			FILE			U.S.G.S.			LAND OFFICE			TRANSPORTER	OIL			GAS		PRORATION OFFICE			OPERATOR			<div>NEW MEXICO OIL CONSERVATION COMMISSION</div> <div>SANTA FE, NEW MEXICO</div> <div>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS</div>		<div>FORM C-110</div> <div>(Rev. 7-60)</div>	
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FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE																													
Company or Operator Coastal States Gas Producing Company			Lease Conoco-Federal		Well No. 3																								
Unit Letter J	Section 15	Township 26-S	Range 33-E	County Lea																									
Pool Undesignated			Kind of Lease (State, Fed, Fee) Fed																										
If well produces oil or condensate give location of tanks		Unit Letter C	Section 15	Township 26-S	Range 33-E																								
Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/> The Permian Corporation			Address (give address to which approved copy of this form is to be sent) P. O. Box 3119 Midland, Texas																										
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																													
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>		Date Connected	Address (give address to which approved copy of this form is to be sent)																										
If gas is not being sold, give reasons and also explain its present disposition: Flared - No Market																													
REASON(S) FOR FILING (please check proper box) New Well <input checked="" type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter (check one) Other (explain below) Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>																													
Remarks																													
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with. Executed this the 23rd day of July , 19 62 .																													
OIL CONSERVATION COMMISSION			By																										
Approved by			C. J. Kimball III																										
Title			Title District Engineer																										
Date			Company Coastal States Gas Producing Company																										
			Address P. O. Box 385, Abilene, Texas																										