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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
*Supersedes Old C-104 and C-110*
Effective 1-1-65

I.

Operator
Coquina Oil Corporation

Address
200 Bldg. of the Southwest, Midland, Texas 79701

Reason(s) for Filing *(Check proper box)*
New Well [ ]
Recompletion [ ]
Change in Ownership [X]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*
Effective 9-1-72

If change of ownership give name and address of previous owner Estate of Oscar Bourg, Midland National Bank Bldg., Midland, Texas

II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| Janda State | 2 | Langlie Mattix | State, Federal or Fee State | B-229 |

Location
Unit Letter B, 990 Feet From The N Line and 1650 Feet From The E

Line of Section 24 Township 23 Range 36 NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]
Texas New Mexico Pipe Line Company
Address *(Give address to which approved copy of this form is to be sent)*
P. O. Box 1510, Midland, Texas 79701

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]
Warren Petroleum Corporation
Address *(Give address to which approved copy of this form is to be sent)*
Box 1589, Tulsa, Oklahoma 74102

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | B | 24 | 23 | 36 | Yes | |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

| Designate Type of Completion -- (X) | Oil Well | Gas Well | New Well | Workover | Deepen | 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 Oil/Gas Pay | Tubing Depth |
|---|---|---|---|
| | | | |

| Perforations | Depth Casing Shoe |
|---|---|
| | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SI | SACKS CEMENT |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

ILLEGIBLE

V. TEST DATA AND REQUEST FOR ALLOWABLE *(Test must be equal to or exceed top allowable for*

OIL WELL

| Date First New Oil Run To Tanks | Date of Test | Producing Method *(Flow, pump, gas lift, etc.)* | |
|---|---|---|---|
| | | | |

| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
|---|---|---|---|
| | | | |

| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |
|---|---|---|---|
| | | | |

GAS WELL

| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| | | | |

| Testing Method *(pitot, back pr.)* | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
|---|---|---|---|
| | | | |

VI. CERTIFICATE OF COMPLIANCE

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.

J. B. Tingley
*(Signature)*
Superintendent
*(Title)*
September 13, 1972
*(Date)*

OIL CONSERVATION COMMISSION

APPROVED SEP 14 1972, 19

BY Orig. Signed by Joe D. Ramey

TITLE Dist. I, Supv.

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

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.

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, well name or number, or transporter, or other such change of condition.