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U.S.G.S.	
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

Operator Coquina Oil Corporation	
Address 418 Building of Southwest, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	<div>PURSUANT TO THE PROVISIONS OF THE OIL CONSERVATION ACT, THIS REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS IS VALID FOR A PERIOD OF 12 MONTHS FROM THE DATE OF ISSUANCE, UNLESS A CANCELLATION OR EXTENSION IS OBTAINED BY THE OPERATOR.</div>
Recompletion <input type="checkbox"/>	
Change In Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE					
Lease Name Texaco State	Well No. 1	Pool Name, including Formation Teague Blineberry	Kind of Lease State, Federal or Fee	State State	Lease No. B-158
Location Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>East</u> Line and <u>330</u> Feet From The <u>South</u> Line of Section <u>16</u> Township <u>23-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County					

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" 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 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natrl. Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79999
If well produces oil or liquids, give location of tanks. Unit <u>P</u> Sec. <u>16</u> Twp. <u>23-S</u> Rge. <u>37-E</u>	Is gas actually connected? <u>No</u> When <u>As soon as possible</u>

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

V. COMPLETION DATA			
Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res't. <input type="checkbox"/> Diff. Res't.		
Date Spudded 10-20-70	Date Compl. Ready to Prod. 11-15-70	Total Depth 5890	P.B.T.D. 5884
Elevations (DF, RKB, RT, GR, etc.) GL 3300, KB 3311	Name of Producing Formation Blineberry	Top Oil/Gas Pay 5360	Tubing Depth 5761
Perforations			Depth Casing Shoe 5890
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4, 11	8 5/8	989	500
7 7/8	5 1/2	5890	275

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks 11-15-70	Date of Test 11-25-70	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 18 Hrs.	Tubing Pressure 180-280	Casing Pressure 1030	Choke Size 26/64
Actual Prod. During Test	Oil-Bbls. 203	Water-Bbls. -0-	Gas-MCF 396

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.	
<div>JBTaylor (Signature) Sup't. (Title) November 25, 1970 (Date)</div>	
<div>OIL CONSERVATION COMMISSION APPROVED <u>DEC 1 1970</u>, 19____ BY <u>[Signature]</u> TITLE <u>SUPERVISOR</u> 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. Separate Forms C-104 must be filed for each pool in multiply completed wells.</div>	

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**OIL CONSERVATION COMM.
HOBBS, N. M.**