DISTRIBUTION ANTA FE		L CONSERVATION C' ISSION ST FOR ALLOWABLL AND	Form C-104 Supersedes Old C-104 and Effective 1-1-65
-AND OFFICE	AUTHORIZATION TO T	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
TRANSPORTER OIL			
GAS			
OPERATOR			
I. Operation OFFICE			
Coquina Oil	Corporation		
Address			
	2960, Midland, Texas 797	/02	
Reason(s) for filing (Check prop Lew Well X		Other (Please explain)	
Recompletion	Change in Transporter of: Oil		
Change in Ownership		Gas densate	
If change of ownership give n			
and address of previous owner	ame The Area and		
I DESCRIPTION OF WEY	the second se	MARCHAR -CT DONCHAR R-S	
II. DESCRIPTION OF WELL . Lease Name	Well No. Pool Name, Including		188
Alexander	#1 Antelope Rid		
Location	1000		
Unit Letter <u>G</u>	1980 Feet From The North	Line and Feet From	East
Line of Section 10	Township 24S	34E LEA	
	Township 243 Range	JTL , NMPM, LEA	Coun
III. DESIGNATION OF TRANS	PORTER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter	of Cil or Condensate X	Address (Give address to which appr	oved copy of this form is to be care!
Basin Inc.		P. U. BOX 2297, Midia	nd, IX /9/01
El Paso Natural Gas		Address (Give address to which appro	oved copy of this form is to be sent)
thit See Two Developments of the Sec Two			
give location of tanks.	G 10 24S 34E	No 1	hen 2/8/78
If this production is commingle	d with that from any other lease or pool		
IV. COMPLETION DATA			
Designate Type of Comp	letion = (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
6/10/78	12/6/78	14,464 '	P.B.T.D. 13,200'
Elevations (DF, RKB, RT, GR, et		Top Oll/Gas Pay	Tubing Depth
3538 KB Perforations	Atoka	13,022'	12,912'
13,022-13,054'	(32 holes)		Depth Casing Shoe
10,022 10,004	······	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
26"	20"	594	SACKS CEMENT
13-3/4"	10-3/4"	5210	3100
<u>912</u> " 612"	<u> </u>	11,850	250
V. TEST DATA AND REQUEST		14,464-11,524 (12,912)	550
OIL WELL	able for this di	after recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allo
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	(t, etc.)
Length of Test			
Av. Ar 1 ad1	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbis.	Water - Bble.	
			Gas - MCF
		<u> </u>	<u></u>
GAS WELL Actual Prod. Test-MCF/D			
	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
4,583 Testing Method (pitot, back pr.)	2 Hr. Tubing Pressure (Shut-in)	3.7	56.6
Back Pressure	4846	Casing Pressure (Shut-in) Packer	Choke Size 20/64"
VI. CERTIFICATE OF COMPLIA		1	
		OIL CONSERVA	TION COMMISSION
I hereby certify that the rules ar	d regulations of the Oil Conservation	APPROVED DEL 24	1.570
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief,		BY CUDEDUNGS	
Lela 1-	Al and	This form is to be filed in co	
(Si	inature)	If this is a request for allows well, this form must be accompani	ible for a newly drilled or deepene ied by a tabulation of the deviation
Drilling Manager	\mathbf{O}	tests taken on the well in accord	ance with RULE 111.
12/6/78	Title)	All sections of this form must able on new and recompleted well	t be filled out completely for allow is.
		Fill out only Sections I. II.	III. and VI for changes of owne
(Date)	well name or number, or transporte	r, or other such change of condition
			the sect in multipl