

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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 G-104
Supersedes Old G-104 and G-105
Effective 1-1-65

API 30-039-21907

Operator
Jack A. Cole
Address
P. O. Box 191, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter oil ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Apache Hills	Well No. 6	Pool Name, including Formation Ballard PC	Kind of Lease State, Federal or Fee Indian	Lease No. 396
Location Unit Letter C, 990 Feet From The North Line and 1850 Feet From The West Line of Section 17 Township 23N Range 3W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which 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)
El Paso Natural Gas Company	Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When No. ASAP

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 Rec'y.	Diff. Rec'y.
		X	X					
Date Spudded 2-21-79	Date Compl. Ready to Prod. 4-27-79	Total Depth 3237	P.B.T.D. 3192					
Elevations (DF, RKB, RT, GR, etc.) 7353 Gr.	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3115	Tubing Depth 3110					
Perforations 3124-3138			Depth Casing Shoe 3232					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	129	100
7 7/8	4 1/2	3232	200
	1 1/4	3110	

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

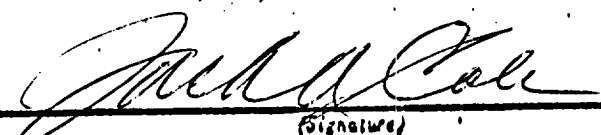
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 1850 MCFD	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Gauge-in.) 780	Casing Pressure (Gauge-in.) 780	Choke Size 3/4

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.


Operator

OIL CONSERVATION COMMISSION

APPROVED MAY 3 1979, 10
BY Original Signed by A. R. Kendrick
SUPERVISOR DIST. 43
TITLE _____

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 dev. tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all