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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-
Effective 1-1-65

API 30-039-21909

Operator
Jack A. Cole

Address
P. O. Box 191, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

| | | | | Other (Please explain) |
|---|---|---|---|---|
| New Well | X | Change in Transporter of: | | |
| Recompletion | | Oil | Dry Gas | |
| Change in Ownership | | Casinghead Gas | Condensate | |

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

## DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease (State, Federal or Fee) | Lease No. |
|---|---|---|---|---|
| Apache Hills | 5 | Ballard PC | Indian | 396 |

Location

Unit Letter K, 1770 Feet From The South Line and 1850 Feet From The West

Line of Section 17 Township 23N Range 3W, NMPM, Rio Arriba County

## II. 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 Res'v. | Diff. Res'v. |
|---|---|---|---|---|---|---|---|---|
| | | X | X | | | | | |

| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 2-17-79 | 4-26-79 | 3195 | 3149 |

| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
|---|---|---|---|
| 7360 Gr. | Pictured Cliffs | 3070 | 3065 |

| Perforations | Depth Casing Shoe |
|---|---|
| 3072-78; 3107-3116 | 3189 |

### TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 12 1/4 | 8 5/8 | 130 | 100 |
| 7 7/8 | 4 1/2 | 3189 | 200 |
| | 1 1/4 | 3065 | |
| | | | |

## 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)

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 |
|---|---|---|---|
| | | | |

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DIST. 3

GAS WELL

| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| 1200 MCFD | 3 hours | | |

| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
|---|---|---|---|
| Pitot | 770 | 770 | 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.

Jack A. Cole
(Signature)

Operator

## OIL CONSERVATION COMMISSION

APPROVED MAY 3 1979, 19__

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. #3

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 allow