

COPIES RECEIVED		4
DISTRIBUTION		
FEE		
S.		
OFFICE		
TRANSPORTER	OIL	
	GAS	1
RATOR		
ORATION 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-105
Effective 1-1-65

API 30-039-21909

ack A. Cole

. O. Box 191, Farmington, New Mexico 87401

ason(s) for filing (Check proper box)

Other (Please explain)

ow Well ☒ Change in Transporter of
ecompletion ☐ Oil ☐ Dry Gas ☐
hange in Ownership ☐ Casinghead Gas ☐ Condensate ☐

change of ownership give name
nd address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Apache Hills	5	Ballard PC	State, Federal or Fee 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

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 numbers

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 all and must be equal to or exceed top allowable for this depth or be for full 24 hours)

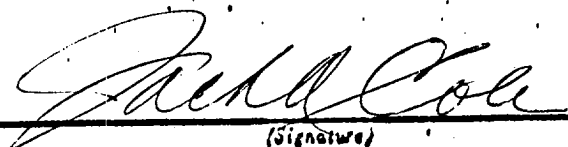
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1200 MCFD	3 hours		
Testing Method (pitot, back pr.)	Tubing Pressure (Gauge-in)	Casing Pressure (Gauge-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.


(Signature)

Operator

OIL CONSERVATION COMMISSION

MAY 3 1979

APPROVED _____, 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 deviate tests taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for all