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LANG OFFICE			_
TRAMSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			_

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

i.				
Operated .				
JACK A. COLE	•			
Address				
P. O. BOX 191, FARMINGTON, NEW MEXICO 87499				
Reason(s) for filing (Cheek proper box)	Other (Please expiain)			
New Well Change in Transporter of:				
	Request for approval to sell gas while recovering frac oil.			
	Condensate			
	2001204			
Change of ownership give name				
nd address of previous owner				
I. DESCRIPTION OF WELL AND LEASE				
Lease Name Well No. Pool Name, Including	Formation Kind of Lease			
	Federal Lease No.			
Marcus A 15 Lybrook Gallu	1p State, Federal of Fee SF 078362			
Unit Letter D : 800 Feet From The North 1.	000			
Unit Letter D: 800 Feet From The North L.	ne and 880 Feet From The West			
991	710			
Line of Section 1 Township 23N Range	7W , NMPM, Rio Arriba County			
II. DESIGNATION OF TRANSPORTER OF OU AND NAMED				
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	L GAS			
	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Castinghead Gas X ar Dry Gas	lace-of-			
Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent)			
Unit Con In In	P.O. Box 1899, Bloomfield, N.M. 87413			
if well produces all or liquids, and the liquids, and the location of tanks. D 1 23N 7W	Yes November 3 1086			
	110 veimber 3, 1980			
this production is commingled with that from any other lesse or pool,	give commingling order number:			
IOTE: Complete Parts IV and V on reverse side if necessary.				
	n			
I. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION			
	NV M 1 9 1096			
hereby certify that the rules and regulations of the Oil Conservation Division have en compiled with and that the information given is true and complete to the best of	j			
y knowledge and belief.	Original Signed by FRANK T. CHAVEZ			
	TITLE SUPERVISOR DISTRICT 75 5			
\wedge \sim \sim \sim \sim \sim \sim \sim \sim				
Jewayne Blance of DEWAYNE BLANCETT	This form is to be filed in compliance with RULE 1104.			
(Signature)	If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation			
PRODUCTION SUPERINTENDENT	tests taken on the well in accordance with RULE 111.			
(Title)	All sections of this form must be filled out completely for allow-			
November 12, 1986	able on new and recompleted wells.			
(Date)	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-10 pas Condition for each pool in multiply			
)				

WOV 13 1086 B

V. COMPLETION DATA		San an o a to s = o son se se s		
Designate Type of Complet	ion — (X) OII Well Gas Well	New Well Workover Deeper	Plug Borz Some Reety, DUL Ree	
Can Spudded	Date Compl. Resdy to Prod.	Torat Depth	P.B.T.D.	
10-14-86	11-12-86	5580	5514 -	
levouone (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top OLL/Gas Pay	Tubing Depth	
6786 GR 6798 KB	Gallup	5248	5376 GL	
wiorations		Depth Cosing Shoe		
	TUBING, CASING, A	ND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12 1/4	8 5/8 24.0 lb.	264	250 sacks 259 ft.3	
7 7/8	4 1/2 10.50 lb.	5573 .	605 sacks 1341 ft.3	
	2 3/8	5386 KB		
OIL WELL SIO FIRST NOW OIL RUN TO TORKS Flowing to recover fra	Date of Test	after recovery of total volume of load depth or be for full 24 hours) - Producing Method (Flow, pump, ga	oll and must be equal to or exceed top allo	
ATT of Toot	Tuhing Pressure	Creating Procesure) Core Size	
ruai Pred. During Test	CII-Bhis.	Worter-Bhie-	Goe-MCF	
S WEIL				
musi Pred. Teel-MCF/D	Length of Test	Bhis. Contenante/LOACF	Gravity of Condensate-	
	4 1 2 2 2 2		***	
ecting hashed (punt, back pr.)	Tubing Pressure (Shab-im)	Cosing Pressure (Shut-in)	Choice Size	