

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator JACK A. COLE	Well API No.
Address P. O. BOX 191, FARMINGTON, NEW MEXICO 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name RINCON	Well No. 10	Pool Name, Including Formation LYBROOK GALLUP	Kind of Lease FEDERAL State, Federal or Fee	Lease No. SF-078359
Location Unit Letter G : 1650 Feet From The NORTH Line and 1650 Feet From The EAST Line Section 13 Township 23N Range 76W, NMPM, RIO ARRIBA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> GIANT REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 256, FARMINGTON, NEW MEXICO 87499					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> COLE DEVELOPMENT COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 191, FARMINGTON, NEW MEXICO 87499					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 31	Twp. 23N	Rge. 6W	Is gas actually connected? YES	When? 8-8-89

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 7-18-89	Date Compl. Ready to Prod. 8-11-89		Total Depth 5723		P.B.T.D. 5671			
Elevations (DF, RKB, RT, GR, etc.) 7003 GR	Name of Producing Formation GALLUP		Top Oil/Gas Pay 5520		Tubing Depth 5578			
Perforations 5520-34 5540-58				Depth Casing Shoe 5719				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8 24.0 LB		272		250 SKS. 295 FT.			
7 7/8	4 1/2 11.60 LB		5719		925 SKS. 2029 FT.			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank 8-11-89	Date of Test 8-25-89	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HOURS	Tubing Pressure 150	Casing Pressure 380	Choke Size 48/64
Actual Prod. During Test	Oil - Bbls. 36	Water - Bbls. 3 (FRAC WATER)	Gas - MCF 200

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature  
DEWAYNE BLANCETT, PRODUCTION SUPERINTENDENT  
Printed Name  
SEPTEMBER 2, 1989  
Date  
Title  
(505) 325-1415  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 29 1989

By Original Signed by FRANK J. CHAVEZ

Title SUPERVISOR-DISTRICT III

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.