Submit 5 Cooles
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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		5	anta Fe	, New M	1exico	8750)4-208	8		1100	,; ·) · ! .	. P			
REQUEST FOR ALLOWABLE AND AUTHORIZATION (1)															
I. Operator		TO TR	ANSP	ORT O	LAND	NAT	TURA	LGA							
JACK A. COLE								_	We	I API No.			·. ·		
Address										a r	DEGEIVEM				
P. O. BOX 191, FARMIN	GTON. 1	VEW MES	XTCO :	87/99						W E	a F	, 11 U	L		
Reason(s) for Filing (Check proper box)				01433		Othe	τ (Pleas	e emia	ie)	<u>::U</u>				עש	
New Well						JUL1 41989									
Recompletion						THE COST BILL									
Change in Operator							L CON. DIV.								
If change of operator give name and address of previous operator											1315	1. 3			
IL DESCRIPTION OF WELL	ANDER	A CTD	ı							·					
Lease Name	AND LE	ing Farmaian						च्या क	T A T	<u> </u>					
RINCON	Well No. Pool Name, Include 8 LYBROOK				GALLUP					d of Lease e, Federal o			Lease N 07836		
Location												131	77030		
Unit LetterC	_ :	930	_ Feet Fr	om The $\frac{N}{2}$	ORTH	_ Line	and	2160		Feet From T	~	WEST			
											.ne			Line	
Section 6 Townshi	p 23N	· · · · · · · · · · · · · · · · · · ·	Range	6W		, NM	ГРМ,	RIO	ARRII	BA			Cc	unty	
III. DESIGNATION OF TRAN	SPORTE	ጉ ብፑ ብ	TT AND	יייד או א	DAT (346									
Name of Authorized Transporter of Oil	X	or Conden	IL AIN	DNATU			address	to whi	ch approx	d come of t	Lie for	. is to L.	4)		
GIANT REFINING COMPAN			<u>.</u> .	P.O. BOX 256, FARMINGTO					ON, NE	ON. NEW MEXICO 87499					
Name of Authorized Transporter of Casing	Gas [Address (Give address to which approved copy of this form is to be sent)													
COLE DEVELOPMENT COMP.			P.O. BOX 191, FARMI					NGTON, NEW MEXICO 87499							
If well produces oil or liquids, give location of tanks,	Unit	Sec.	Twp. 23N		is gas a	coually	connect	ed?	Whe						
If this production is commingled with that i				6W	YES					JUNE 2	, 19	89			
V. COMPLETION DATA	iom any ou	ici icase oi	poot, grv	e comming	ing order	r numbe	er:			 -					
D		Oil Well	G	as Weil	New	Well	Worko	ver	Deepen	Plue Ra	ck Sa	me Res'v	r.e.	Res'v	
Designate Type of Completion		X			X	i		i	2 p-u	1		THE VES A	1	RES V	
Date Spudded		pl. Ready to			Total D	-				P.B.T.D		•		:	
5-31-89 Elevations (DF, RKB, RT, GR, etc.)	6-27-89 Name of Producing Formation					5807 Top Oil/Gas Pay					5794				
6947 GR	Name of F	5460					Tubing Depth								
Perforations .	3480						5655 Depth Casing Shoe								
5460-73, 5590-5604, 50						5800									
	CEMENTING RECORD					1 300									
HOLE SIZE	CAS	DEPTH SET					SACKS CEMENT								
12 1/4	8 5/8 24.0 1°					263.68				250 sks. 259 FT				FT.	
7 7/8	4 1/2 10.50 lb.				5800.11				····	1050 sks. 2205 FT.					
	2 3/8					56	55								
V. TEST DATA AND REQUES	T FOR A	LLOW	BLE		<u> </u>			·	·					اــــــا	
OIL WELL (Test must be after re				il and must	be equal	to or e	aceed to	o allow	able for th	is denth or	he for f	iill 24 hr	ure i		
Late First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)														
7-1-89 6-27-89	7	FLOWING					er e di e			··.	3.7				
Length of Test	Tubing Pressure				Casing Pressure					Choke Size					
24 HOURS Actual Prod. During Test	0il - Bbls				425 Water - Bbis.					48/64 Gas- MCF					
	Oil - Bois.	14			Water -	30E				i .	185				
GAS WELL		**		·						<u></u>			·		
Actual Prod. Test - MCF/D	Length of 7	Cest			Bbls Co	Yoden sa	ite/MMC	<u> </u>		Communi	•	ogsåfes -	<u> </u>		
· .) JUIS 0	-	1471416	→1 .		Gravity o		CDS21E			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing	Tessure	(Shut-i	n)		Choke Si	ze				
	<u> </u>								*	1.0		, .			
L OPERATOR CERTIFICA	ATE OF	COMP	LIAN	CE								-: "	- · · · ·		
I hereby certify that the rules and regular		O	IL C	ONS	SERV	ATION	1 Dil	VISIO	JN .						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.															
A	Date Approved JIL 1 38														
Driverine Blans	Original Signed by FRANK T. CHAVEZ														
Signature O DEWAYNE BLANCETT, PROI	By														
Printed Name	ZUPERVISOR DISTRICT ALS														
JULY 13, 1989 (505) 325-1415						Title									
Date (1919) 1919 (2) (2) (2) (1919)															
	المراجع			•	·					- (- 4		Service Service	eumpticht -		

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 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.