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U.S.G.S.	
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-110
Effective 1-1-65

Operator Jack A. Cole	
Address P. O. Box 191, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well ☒	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 Apache Flats	Well No. 3	Pool Name, including Formation Wildcat	Kind of Lease State, Federal or Fee	Indian Contract	Lease No. 393
Location					
Unit Letter M	1090	Feet From The South	Line and 1190	Feet From The West	
Line of Section 28	Township 23N	Range 4W	NMPM, Sandoval	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	P.O. Box 990, Farmington, N.M. 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	
	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
		X	X					
Date Spudded 4-26-77	Date Compl. Ready to Prod. 5-20-77	Total Depth 2361	P.B.T.D. 2312					
Elevations (DF, RKB, RT, GR, etc.) 6935 KB	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2262	Tubing Depth 2268					
Perforations 2262-88			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	129	Circulated
7 7/8	4 1/2	2352	150
	1"	2268	None

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 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-able.	Water-able.	Gas-MCF

GAS WELL

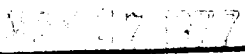
Actual Prod. Test-MCF/D 751	Length of Test 3 hours	able. Condensate/MMCF None	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (Gauge-in.) 690	Casing Pressure (Gauge-in.) 690	Choke Size 5/16

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.


Operator

OIL CONSERVATION COMMISSION

APPROVED , 10
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-