

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

NO. OF COPIES RECEIVED	6
DISTRIBUTION	
DATE FILED	1
FILED	1
U.S. DEPT. OF THE INTERIOR	
LAND OFFICE	
TRANSPORTER	OIL
	GAS 1
OPERATOR	3
PRODUCTION OFFICE	

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 in ownership give name and address of previous owner

SECTION OF WELL AND LEASE

Lease Name Apache Flats	Well No. 11	Pool Name, including formation Pictured Cliffs	Kind of Lease State, Federal or Fee	Indian Contract	Lease No. 393
Location Unit Letter J, 1450 Feet From The South Line and 1450 Feet From The East Line of Section 28 Township 23N Range 4W, NMPM, Sandoval County					

SECTION 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 Co. P.O. Box 990, El Paso, Texas

It was produced 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:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reelv.	Diff. Reelv.
		X	X					
Date completion 9-1-76	Date Compl. Ready to Prod. 10-1-76		Total Depth 2470		P.B.T.D. 2423			
Location (Dr., RKB, RT, GR, etc.) 6975 GR.	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 2352		Tubing Depth 2385			
Connections 2352-2404					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

DATE	SIZE OF TUBING	DEPTH SET	DEPTH
10-1-76	8 1/8"	100	110
10-1-76	4 1/2"	2450	150
	1"	2385	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

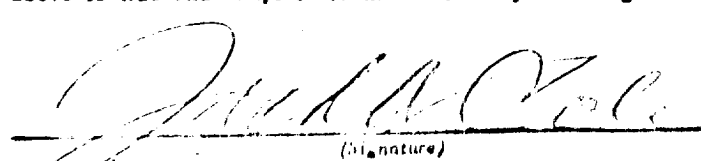
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1,160	Length of Test 3 hrs.	Bbls. Condensate/MMCF None	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 713	Casing Pressure (shut-in) 714	Choke Size 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.


Operator
(Title)
October 4, 1976

OIL CONSERVATION COMMISSION

APPROVED OCT 14 1976, 19____
Original Signed by W. M. Hendrick
BY SUPERVISOR
TITLE _____

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 allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner.