

DISTRIBUTION

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PROBATION OFFICE

NEW MEXICO

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-104s and C-105

Effective 1-1-65

Operator

JACK A. COLE

Address

P. O. Box 191 Farmington, New Mexico 87401

Reason(s) for filing (check proper box)

Other (Please explain)

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

Indian Bend

Well No.

1

Pool Name, Including Formation

Ballard Picture Cliffs

Kind of Lease

Jicarilla

State, Federal or Fee

Apache

Lease No.

Contract

Location

Unit Letter

D

1120

Feet From The

North

Line and

1120

Feet From The

West

Line of Section

25

Township

23N

Range

3W

NMPM,

Sandoval

County

No. 55A

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐

NONE

Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐

El Paso Natural Gas Company

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 990, Farmington, New Mexico 87401

If well produces oil or liquids, give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

No

When

W.O.P.

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'v.

Diff. Res'v.

Date Spudded

7/8/81

Date Compl. Ready to Prod.

9/17/81

Total Depth

3208'

P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)

7386' GL

Name of Producing Formation

Picture Cliffs

Top Oil/Gas Pay

3086'

Tubing Depth

3112'

Perforations

3068'-3086'

Picture Cliffs

Depth Casing Shoe

3065'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

12-1/4"

8-5/8"

121'

100 sacks

7-7/8"

4-1/2"

3148'

100 sacks

1-1/4"

3065'

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

Actual Prod. During Test

Oil - Bbls.

Water - Bbls.

Choke Size

Gas-MCF

OIL CON. COM.

DIST. 3

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

3/4-705, CAOF-933

3 hrs.

-0-

-0-

Testing Method (pilot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

Back Pressure

520

530

3/4"

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.

FOR: JACK A. COLE

ORIGINAL SIGNED BY

Ewell N. Walsh, PE (Signature) President

Walsh Engineering & Production Corp. (Title)

10/7/81 (Date)

OIL CONSERVATION COMMISSION

OCT 14 1981

APPROVED

BY Original Signed by CHARLES GHOLSON

TITLE DEPUTY OIL & GAS INSPECTOR, 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 allowables on new and recompleted wells.

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-104 must be filed for each pool in multiply completed wells.