NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Form C-101 and C-1.
Effective 1-1-65

DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER — OIL / GAS
OPERATOR
PRORATION OFFICE

I.

Operator
JACK A. COLE

Address
P. O. Box 191   Farmington, New Mexico   87401

Reason(s) for filing (Check proper box)

New Well	[X]	Change in Transporter of:	
Recompletion	[ ]	Oil [ ] Dry Gas [ ]	
Change in Ownership	[ ]	Casinghead Gas [ ] Condensate [ ]	

Other (Please explain)

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Indian Bend	5	Ballard Picture Cliffs	Jicarilla	Contr.
			State, Federal or Fee Apache	No. 55A

Location

Unit Letter ___C___ ; ___790___ Feet From The ___North___ Line and ___1850___ Feet From The ___West___

Line of Section ___36___ Township ___23N___ Range ___3W___ , NMPM, ___Sandoval___ County

III. 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)
NONE	
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	W.O.P.

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8/3/81	9/18/81	2975'	2905'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
7269' GL	Picture Cliffs	2880'	2905'

Perforations	Depth Casing Shoe
2877'-2880'	2873'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	123'	100 sacks
7-7/8"	4-1/2"	2976'	100 sacks
	1-1/4"	2873'	

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)

OIL WELL

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
3/4-3239; CAOF-4774	3 hrs.	-0-	-0-
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	500	650	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.

FOR: JACK A. COLE
ORIGINAL SIGNED BY
EWELL N. WALSH

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 allowable 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.