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TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

# OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Jack A. Cole

Address  
P.O. Box 191, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain) **RECEIVED DEC 28 1984 OIL CON. DIV. DIST. 3**

If change of ownership give name and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Penistaja 24	Well No. 24-16	Pool Name, including Formation Undesignated Gallup	Kind of Lease Federal	Lease No. NM-14729
Location Unit Letter P : 970' Feet From The South Line and 970' Feet From The East Line of Section 26 Township 21N Range 4W, NMPM, Sandoval County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, New Mexico 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit P Sec. 26 Twp. 21N Rgs. 4W	Is gas actually connected? When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Dwayne Blumett  
(Signature)  
Production Superintendent  
(Title)  
December 27, 1984  
(Date)

## OIL CONSERVATION DIVISION

APPROVED DEC 28 1984, 19  
BY Original Signed by FRANK T. CHAVEZ  
TITLE SUPERVISOR DISTRICT # 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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res.	Diff. Res.
Date Spudded 10/15/84	Date Compl. Ready to Prod. <del>12/23/84</del> 12/22/84	Total Depth 4970'			P.B.T.D. 4970'				
Elevations (DF, RKB, RT, GR, etc.) 7079' GL 7091' KB	Name of Producing Formation Gallup	Top Oil/Gas Pay 4612'			Tubing Depth 4434' KB				
Perforations Completed open hole 4476' - 4970'							Depth Casing Shoe		

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-1/2"	9-5/8"	215'	170 sacks Class "B"
8-3/4"	7", 23.0, K-55	4476' KB	700 sacks Pozmix
6-1/4"	open hole	4476' - 4970'	
	2-3/8"	4434'	

#### 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 <del>11/23/84</del> 12/22/84	Date of Test 12/24/84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 50 psig	Casing Pressure 50 psig	Choke Size 3/4
Actual Prod. During Test 45 bbls.	Oil - Bbls. 45bbls.	Water - Bbls. -0-	Gas - MCF 8 mcf

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prod, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size