STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
JACK A. COLE

Address
P. O. BOX 191, FARMINGTON, NEW MEXICO 87499

Reason(s) for filing (Check proper box)

- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership
- Change in Transporter of: [ ] Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate
- Other (Please explain): Request for approval to sell gas while recovering frac oil.

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Marcus A	22	Lybrook-Gallup	Federal SF-	078534

Location
Unit Letter O : 845 Feet From The South Line and 1960- Feet From The East

Line of Section 31 Township 24N Range 6W, NMPM, Rio Arriba County

I. 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 [X] or Dry Gas [ ] — Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico — P.O. Box 1899, Bloomfield, N.M. 87413

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	31	24N	6W	Yes	9-17-87

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.*

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.

Dewayne Blancett — DEWAYNE BLANCETT
(Signature)
PRODUCTION SUPERINTENDENT
(Title)
September 22, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 24 1987

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT III

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.

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COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-29-87	9-22-87	5966	5897

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
7074 GR 7086 KB	Gallup	5614	5776

Perforations	Depth Casing Shoe
5614-5624, 5746-5750, 5752-5760, 5814-5824	5960

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8 24.0 lb.	275	250 sks.
7 7/8"	4 1/2 10.50 lb.	5960	815 sks.
	2 3/8 4.70 lb.	5776	

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.)	
Flowing to recover frac	oil		
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
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size