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 Appropriate District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

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

I. Operator

Operator Coleman Oil & Gas, Inc.	Well API No. 3004528598
Address P.O. Drawer 3337, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator BK Petroleum Inc.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ram	Well No. 2	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, (Federal) or Fee	Lease No. SF-081100-A
Location				
Unit Letter A	995	Feet From The North	Line and 800	Feet From The East
Section 8	Township 26N	Range 12W	NMPM, San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
	A 8 26N 12W No

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
Date Spudded 11/08/91	Date Compl. Ready to Prod. 02/04/92	Total Depth 1300'	P.B.T.D. 1250'					
Elevations (DF, RKB, RI, GR, etc.) 61E - 5967'	Name of Producing Formation Basin Fruitland Coal	Top Oil/Gas Pay 1161	Tubing Depth 1162'					
Perforations 1161'-1170'	4JSPF, .50" Hole, 36 Holes						Depth Casing Shoe 1299	
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8-3/4"	7". 23#, J-55 ST&C		109'		65sx class Bw 2% Cacl			
6-1/4"	4 1/2". 11.6#, K-55, ST&C		1299'		80sk class B & 75sk			

V. 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 Tank	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

FEB 14 1992
OIL CON. DIV.
DIST.

GAS WELL

Actual Prod. Test - MCF/D 173MCF/D	Length of Test 24 Hours	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 270 psig	Casing Pressure (Shut-in) 235 psig	Choke Size 1/2"

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

George E. Coleman
 Signature
 President
 Printed Name
 02/14/92
 Date
 Title
 505-327-0356
 Telephone No.

OIL CONSERVATION DIVISION

FEB 14 1992

Date Approved Original Signed by FRANK T. CHAVEZ

By _____
 Title
 SUPERVISOR DISTRICT # 3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.