

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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 Cinco Limited	
Address Box 451, Albuquerque, New Mexico, 87103	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Pat	Well No. 1	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee State	Lease No. E-178
Location Unit Letter <u>D</u> : <u>960</u> Feet From The <u>North</u> Line and <u>1100</u> Feet From The <u>West</u> Line of Section <u>32</u> Township <u>30N</u> Range <u>7W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Corp. (Eff. 9/1/87)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <u>D</u> <u>32</u> <u>30</u> <u>7</u>
Is gas actually connected?	When <u>No</u> <u>Estimate 12-31-86</u>

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.


Frank D. Gorham, Jr. (Signature)
General Partner, Cinco, Ltd.
(Title)
December 19, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED _____

BY _____

TITLE _____

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	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-13-86	Date Compl. Ready to Prod. 11-26-86		Total Depth 5700'		P.B.T.D. 5656'				
Elevation (DF, RKB, RT, GR, etc.) 6186' GR	Name of Producing Formation Blanco Mesa Verde		Top Oil/Gas Pay 4591'		Tubing Depth 5583'				
Perforations 4591' - 5579', 162 holes						Depth Casing Shoe 5608'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	9 5/8", 36#, K-55		316'		190				
8 3/4"	7", 20#, K-55		3374'		240				
6 1/4"	4 1/2", 11.6#, N-80		3202-5608'		205				
	2 3/8", 4.7#, J-55								

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	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 3753	Length of Test 3 hrs.	Bbls. Condensate/MMCF 1.60	Gravity of Condensate
Testing Method (pilot, back pr.) 3/4" adjustable choke	Tubing Pressure (Shut-in) 825 psig	Casing Pressure (Shut-in) 850 psig	Choke Size 48/64