

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
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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

JAN 13 1986

OIL CON. DIV.
DIST. 3

I. Operator
JACK A. COLE

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

Reason(s) for filing (Check proper box)

☒ New Well	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 Marcus	Well No. 6	Pool Name, including Formation Lybrook Gallup	Kind of Lease State, Federal or Fee	Lease No. SF078362
Location				
Unit Letter A	: 655'	Feet From The North	Line and 945'	Feet From The East
Line of Section 1	Township 23N	Range 7W	NMPM, Rio Arriba	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 256 Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1899 Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks.	Unit : A Sec. : 1 Twp. : 23N Rge. : 7W
Is gas actually connected? Yes	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.

Dewayne Blancett DEWAYNE BLANCETT
(Signature)
PRODUCTION SUPERINTENDENT
(Title)
January 10, 1986
(Date)

OIL CONSERVATION DIVISION
JAN 13 1986
APPROVED
Original Signed by FRANK T. CHAVEZ
BY
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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Duff. Res.
			X		X					
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
8-14-85	12-20-85 New Oil				5645'			5584'		
Elevations (DF, RKB, RT, CR, etc.)		Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
6813' GL 6825' KB		Gallup			5308'			5331'		
Perforations		5436'-5439'	5479'-5482'					Depth Casing Shoe		
5308'-5318'		5441'-5445'	5498'-5508'							
							5639'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	24.0 lb.	267'	265 CU. FT.
7 7/8"	4 1/2"	10.50 lb.	5639'	1215 CU. FT.
	2 3/8		5331'	

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.)	
12-20-85	12-22-85	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24'	200	425	3/4"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	18	-0-	150

AS WELL

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