

6

DISTRIBUTION	
WASTE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS 1
OPERATOR	3
PRODUCTION OFFICE	
Operator	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

Jack A. Cole
Address

P. O. Box 191, Farmington, New Mexico 87401

Reason(s) for filing (check proper box)	Other (Please explain)
New Well ☒	Change in Transporter of ☐
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

A change of ownership give name and address of previous owner

IDENTIFICATION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name	Well No.	Pool Name, including Formation	
Apache Flats	10	Ballard Pictured Cliffs	392
Location		State, Federal or Fee	Indian

Unit Center E 1850 Feet From The North Line and 790 Feet From The West
Line of Section 27 Township 23 North Range 4 West, NMPM, Sandoval County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Oil ☐ or Condensate ☐		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒		

El Paso Natural Gas Company		Box 990, Farmington, New Mexico
In gas actually connected?	No	When ASAP

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

V. COMPLETION DATA		On Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)			X	X					
Date Spudded	11-10-77	Date Compl. Ready to Prod.	12-29-77	Total Depth	2540	P.B.T.D.	2490		
Elevation (T.D., R.R., RT, CR, etc.)	7011 KB	Name of Producing Formation	Pictured Cliffs	Top Oil/Gas Pay	2426	Tubing Depth	2434		
Perforations	2426-2473; 20 holes					Depth Casing Shoe	2533		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	120	Circulated
6 3/4	4 1/2	2533	150 Sacks
	1"	2434	

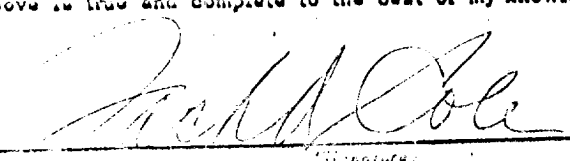
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

CHOKED WELLS	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	3 hours		
1,400			
Testing Method (Pilot, Jack pr.)	Tubing Pressure (Gauge-in)	Casing Pressure (Gauge-in)	Choke Size
Pitot	680	680	1"

V. CERTIFICATE OF COMPLIANCE

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


Operator

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Original Signed by A. R. Kendrick
SUPERVISOR DIST. #3

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.