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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-110
Effective 1-1-65

Operator
Jack A. Cole
Address
P. O. Box 191, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well	☒	Change in Transporter of	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESIGNATION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Indian	Lease No.			
Apache Flats	13	Pictured Cliffs	State, Federal or Fee	Contract	392			
Location								
Unit Letter	O	790 Feet From The	South	Line and	1450 Feet From The			
Line of Section		27	Township	23N	Range	4W	NMPM, Sandoval	County

III. 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 ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 990, El Paso, Texas					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Age.	Is gas actually connected?	When
					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'y.	Diff. Res'y.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.					
8-26-76	10-1-76	2580	2545					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
7064 GR.	Pictured Cliffs	2488	2488					
Perforations	Depth Casing Show							
2488-2521								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8	130'	100					
6 3/4	4 1/2	2579	110					
	1"	2488	None					

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

CAS WELLS

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
821	3 hrs.	None	
Testing Method (pilot, back pr.)	Tubing Pressure (Gauge - in.)	Casing Pressure (Gauge - in.)	Choke Size
Back Pressure	714	715	3/4

VI. 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.


(Signature)
Operator
(Title)

OIL CONSERVATION COMMISSION

APPROVED _____, 10

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. #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 deviated 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.