

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator JACK A. COLE	Well API No. 300-392-4660
Address P.O. BOX 191, FARMINGTON, NEW MEXICO 87499	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) REQUEST FOR TEST ALLOWABLE Recompletion <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name RINCON	Well No. 3	Pool Name, including Formation ESCRITO (GALLUP) EXT.	Kind of Lease State, Federal or Fee	Lease No. SF-078562
Location Unit Letter A : 810 Feet From The NORTH Line and 820 Feet From The EAST Line Section 30 Township 24N Range 6W NMPM. RIO ARRIBA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> GIANT REFINING CO.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 256, FARMINGTON, NEW MEXICO 87499					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> BANNON ENERGY INCORPORATED	Address (Give address to which approved copy of this form is to be sent) 3934 F.M. 1960 WEST, SUITE 240, HOUSTON, TX. 77068					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 30	Twp. 24N	Rge. 6W	Is gas actually connected? YES	When? APRIL 27, 1990

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded APRIL 8, 1990	Date Compl. Ready to Prod. APRIL 26, 1990		Total Depth 5667'		P.B.T.D. 5618'			
Elevations (DF, RKB, RT, GR, etc.) GR 6650 KB 6664'	Name of Producing Formation GALLUP		Top Oil/Gas Pay 5335' 5459'		Tubing Depth 5550' 49'			
Perforations 5459'-5493' (34') 2 JSPF 68 HOLES					Depth Casing Shoe 5665'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12.250"	8.625"		284'		230 SX. CIRC.			
7.875"	4.500"		5665'		1290 SK. CIRC. 1340			
	2.375		5550' 49'					

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 APRIL 27, 1990	Date of Test 05/25/90	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HRS.	Tubing Pressure 60	Casing Pressure 60	Choke Size 2"
Actual Prod. During Test SAME	Oil - Bbls. 20	Water - Bbls. 12	Gas - MCF 160

GAS WELL

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

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.

Signature  
NEEL L. DUNCAN, PETROLEUM ENGINEER  
Printed Name  
Date  
APRIL 23, 1990  
Telephone No.  
(505) 325-1415

OIL CONSERVATION DIVISION

Date Approved JUN 18 1990

By  
SUPERVISOR DISTRICT #3

Title

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.