

**DISTRIBUTION**  
1000 Rio Brazos Rd., Aztec, NM 87410

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

1. <b>Operator</b> Billco Energy		Well API No. 30-039-20047
<b>Address</b> P.O. Box 3038, Farmington, New Mexico, 87499		
<b>Reason(s) for Filing (Check proper box)</b>		
New Well <input type="checkbox"/>	<input type="checkbox"/> Other (Please explain)	
Recompletion <input type="checkbox"/>	Change in Transporter of:	
Change in Operator <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		
Colonial Production Company, 900 NE Loop 410 #D119, San Antonio, TX 78209		

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Apache	Well No. 9	Pool Name, Including Formation Ballard Pictured Cliffs	Kind of Lease State, Federal or Fee	Lease No. 392
Location Unit Letter <u>A</u> : <u>790</u> Feet From The <u>N</u> Line and <u>790</u> Feet From The <u>E</u> Line Section <u>15</u> Township <u>23N</u> Range <u>4W</u> , NMPM, Rio Arriba County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas					P.O.Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.	Is gas actually connected? Yes
						When?
If this production is commingled with that from any other lease, or with that from any other well, give name of other lease or well.						

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

IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y	Diff Res'y
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.D.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing St.			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
						DIV. I			

V. TEST DATA AND REQUEST FOR ALLOWABLE

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## 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.)

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Date First New Oil Run To Tank	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**

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 David Tentler President

Printed Name 12/3/92 Title (505) 325-3404

Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

## OIL CONSERVATION DIVISION

Date Approved DEC 04 1992

By Original Signed by CHARLES GHOLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104  
1) Request for all public records.

- 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.
- 4) Separate Form C-10-1 must be filed for each pool in multiply completed wells.