

NO. OF LINES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator JACK A. COLE	
Address P. O. BOX 191, FARMINGTON, NEW MEXICO 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well	REQUEST FOR TEMPORARY AUTHORIZATION TO SELL GAS WHILE RECOVERING FRAC OIL
<input type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

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 Free FEDERAL	Lease No. SE-078362
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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PERMIAN CORP. FRAC OIL ONLY	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1702, FARMINGTON, N.M. 87499		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GAS COMPANY OF NEW MEXICO	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1899, BLOOMFIELD, N.M. 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 9/21/85

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.

Dwayne Blacett MM
(Signature) DEWAYNE BLANCETT
PRODUCTION SUPERINTENDENT
(Title)
SEPTEMBER 25, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 25 1985
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 8

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 Reentry	DILL Rev
		X							
Date Spudded 8/14/85	Date Compl. Ready to Prod. 9/21/85	Total Depth 5645'		P.B.T.D. 5584'					
Elevations (DF, RKB, RT, CR, etc.) 6813' GL 6825' KB	Name of Producing Formation GALLUP	Top Oil/Gas Pay 5308'		Tubing Depth 5331' KB					
Perforations 3-1/8 BULL JET, 1 HOLE PER FT.		5308'-5318'	5441'-5445'	5479'-5482'		5498'-5508'	Depth Casing Shoe 5639.80'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		267.82'		265 CU. FT.				
7-7/8"	4-1/2"		5639.80'		1215 CU. FT.				

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

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