

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
OCT 11 1985
OIL CON. DIV.
DIST. 3

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	Change in Transporter of:	REQUEST FOR TEMPORARY AUTHORIZATION TO SELL GAS WHILE RECOVERING FRAC OIL	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil		
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name MARCIA "A"	Well No. 3	Pool Name, including Formation COUNSELORS GALLUP-DAKOTA	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-078359
Location Unit Letter <u>D</u> : <u>600</u> Feet From The <u>NORTH</u> Line and <u>600</u> Feet From The <u>WEST</u> Line of Section <u>17</u> Township <u>23N</u> Range <u>6W</u> , NMPM, <u>RIO ARRIBA</u> 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 : <u>D</u> Sec. : <u>17</u> Twp. : <u>23N</u> Rge. : <u>6W</u> Is gas actually connected? <u>When</u> GAS LINE IS BEING BUILT

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.

Dewayne Blancett DEWAYNE BLANCETT
(Signature)
PRODUCTION SUPERINTENDENT
(Title)
OCTOBER 10, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 11 1985
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT #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 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.