

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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 06-01-83
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DEC 30 1985

OIL CON. DIV.
DIST. 3

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)

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

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name MARCUS "A"	Well No. 3	Pool Name, including Formation COUNSELORS GALLUP DAKOTA	Kind of Lease State, Federal or Fee FEDERAL NM	Lease No. 078359
Location Unit Letter D : 600' Feet From The NORTH Line and 600' Feet From The WEST Line of Section 17 Township 23N Range 6W, NMPM, RIO ARRIBA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ GIANT REFINING COMPANY	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 ☐ or Dry Gas ☐ GAS COMPANY OF NEW MEXICO	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 2899, BLOOMFIELD, NEW MEXICO 87413
If well produces oil or liquids, give location of tanks. Unit D Sec. 17 Twp. 23N Rge. 6W	Is gas actually connected? When YES

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 Blacett
(Signature)
DEWAYNE BLANCETT
PRODUCTION SUPERINTENDENT
(Title)
DECEMBER 23, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED
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.

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Reev.	Diff. Rev.
Date Spudded 9/22/85	Date Compl. Ready to Prod. 12/20/85 NEW OIL		Total Depth 5635'			P.B.T.D. 5598'			
Elevations (DF, RKB, RT, GR, etc.); 6882' GR, 6894' KB	Name of Producing Formation GALLUP		Top Oil/Gas Pay 5300'			Tubing Depth 5310'			
Perforations 5300 - 5507						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	270'	250 SACKS (259 CU. FT.)
7-7/8"	4-1/2"	5634'	625 SACKS (1133 CU. FT.)
	2-3/8"	5310'	

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 12/20/85	Date of Test 12/22/85	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HRS.	Tubing Pressure 225	Casing Pressure 475	Choke Size 3/4"
Actual Prod. During Test 35	Oil - Bbls. 35	Water - Bbls. -0-	Gas - MCF 150

AS WELL

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