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

Form C-104
Revised 10-01-78
Format 09-01-83
Page 1

3075/N

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
DEC 09 1986

OIL CON. DIV.
DIST. 3

Operator JACK A. COLE	
Address P. O. BOX 191, FARMINGTON, NEW MEXICO 87499	
Reason(s) for filing (Check proper box)	
☒ New Well	Change in Transporter of:
☐ Recompletion	☐ Oil
☐ Change in Ownership	☐ Casinghead Gas
	☐ Dry Gas
	☐ Condensate
Other (Please explain)	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Marcus	Well No. 8	Pool Name, Including Formation Lybrook Gallup	Kind of Lease State, Federal or Fee	Federal SF	Lease No. 078362
Location					
Unit Letter B : 410 Feet From The North Line and 2150 Feet From The East					
Line of Section 12 Township 23N Range 7W, NMPM, Rio Arriba County					

II. 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, N.M. 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 1899, Bloomfield, N.M. 87413		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs.	Is gas actually connected?	When
	B 12 23N 7W	Yes	October 21, 1986

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.

I. CERTIFICATE OF COMPLIANCE

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 Blanchett DEWAYNE BLANCETT
(Signature)
PRODUCTION SUPERINTENDENT
(Title)
December 8, 1986
(Date)

OIL CONSERVATION DIVISION

DEC 9 1986

APPROVED
BY
Original Signed By FRANK T. CHAVEZ
SUPERVISOR DISTRICT #2

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.

COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Duff Reservoir
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
9-21-86	11-1-86		5750		5702			
Iterations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6998' GL 7010' KB	Gallup		5428		5661			
Iterations	5428-5440	5554-5558	5602-5605	5626-5628	Depth Casing Shoe			
	5450-5452	5562-5569	5620-5623	5630-5636				
	5596-5600				5743			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8 24.0 lb.	262	250 sacks 295 ft. 3
7 7/8	4 1/2 10.50 lb.	5743	725 sacks 1361 ft. 3
	2 3/8		

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-28-86	11-29-86	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	80	80	3/4
Oil Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	14	-0-	150

WELL

Oil 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