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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS 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

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: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate
☐ Recompletion	
☐ Change in Ownership	
Other (Please explain) Request for approval to sell gas while recovering frac oil.	

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Marcus	Well No. 11	Pool Name, including Formation Lybrook Gallup	Kind of Lease Federal ☒ State, Federal or Fee SF	Lease No. 078534
Location Unit Letter N : 790 Feet From The South Line and 2080 Feet From The East W Line of Section 35 Township 24N Range 7W , NMPM, Rio Arriba County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico	P.O. Box 1899, Bloomfield, New Mexico 87413
Is well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
N 35 24N 7W	Yes November 5, 1987

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

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)
November 16, 1987
(Date)

OIL CONSERVATION DIVISION
APPROVED NOV 18, 1987
BY **Original Signed by FRANK T. CHAVEZ**
TITLE **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.

NOV 18 1987

OIL CON. DIV.
DIST. 3

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Res.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
11-21-87	11-14-87		5615		5558				
Iterations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
6846 GL 6860 KB	Gallup		4914		5462 KB				
Iterations	4914-4920	5033-5041	5266-5274	5428-5431	5452-5258	Depth Casing Shoe			
	4928-4933	5156-5165	5394-5402	5436-5439	5488-5490	5606 KB			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8 24.0 lb.	276.00	250 sks. 295 ft. ³
7 7/8	4 1/2 10.50 lb.	5606	875 sks. 1881 ft. ³
	2 3/8	5462	

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) -

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Flowing to Recover Frac Oil.			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

S WELL

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