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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator JACK A. COLE	Well API No.
Address P. O. BOX 191, FARMINGTON, NEW MEXICO 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name RINCON	Well No. 1	Pool Name, Including Formation ESCRITO GALLUP EXT.	Kind of Lease FEDERAL State, Federal or Fee	Lease No. SF-078562
Location Unit Letter C : 1080 Feet From The NORTH Line and 2160 Feet From The WEST Line Section 30 Township 24N Range 6W , NMPM, RIO ARRIBA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil GIANT REFINING CO. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 COLE DEVELOPMENT CO. <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 191, FARMINGTON, NEW MEXICO 87499					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 30	Twp. 24N	Rge. 6W	Is gas actually connected? YES	When ? JUNE 6, 1989

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4-26-89	Date Compl. Ready to Prod. 6-3-89		Total Depth 5720		P.B.T.D. 5672			
Elevations (DF, RKB, RT, GR, etc.) 6716 GR 6731 KB	Name of Producing Formation GALLUP		Top Oil/Gas Pay 5503		Tubing Depth 5567			
Perforations 5503-34 5577-90					Depth Casing Shoe 5713			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8 24.0 LB.		271		250 295 FT. <sup>3</sup>			
7 7/8	4 1/2 11.60 LB.		5713		1075 SKS. 2306 FT. <sup>3</sup>			
	2 3/8		5567					

V. 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 Tank 6-3-89	Date of Test 6-10-89	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HOURS	Tubing Pressure 100	Casing Pressure 325	Choke Size 48/64
Actual Prod. During Test	Oil - Bbls. 25	Water - Bbls. -0-	Gas - MCF 80

GAS WELL

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Deanne Blane  
Signature  
PRODUCTION SUPERINTENDENT  
Printed Name  
JUNE 12, 1989  
Date  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 6 1989  
By Original Signed by FRANK T. CHAVEZ  
SUPERVISOR DISTRICT 8  
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

