NTA FE		
E		
S.G.S.		
ND OFFICE		
AL / GAS	OIL	
	GAS	
PERATOR		
RATION OFFICE		

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes this section and C-... Effective 1-1-65

Operator

Jack A. Cole

Address

P. O. Box 191 Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

- New Well [X]
- Recompletion [ ]
- Change in Ownership [ ]

Change in Transporter of:

- Oil [ ]
- Casinghead Gas [ ]
- Dry Gas [X]
- Condensate [ ]

Other (Please explain)

Corrected Copy

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Hugh Wash Federal	1	Basin Dakota	Federal N.M.	33041

Location

Unit Letter J : 1850' Feet From The South Line and 1520' Feet From The East

Line of Section 23 Township 27N Range 13W , NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]

Giant Refining

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 [X]

El Paso Natural Gas Co.

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 990, Farmington, N.M. 87499

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	23	27N	13W	No	

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

COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5-26-83	6-14-83	5988'	5970'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
5959KB	Dakota	5868'	5902'
Perforations			**Depth Casing Shoe**
5868' - 5944'			5988'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	264'	250 sacks
7-7/8"	4-1/2"	5988'	1290 sacks
	2-3/8"	5902'	

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)

OIL WELL

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

OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
442'	3 hrs.	-0-	-0-
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
2" Orfice Well Tester	1700	1750	

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Dewayne Blencett
(Signature)

Production Superintendent
(Title)

10/12/83
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 13 1983, 19

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 ownership, 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.