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NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

I. Operator
 Operator: Jack A. Cole
 Address: P. O. Box 191, Farmington, New Mexico 87401
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Apache Flats</u>	Well No. <u>7</u>	Pool Name, including Formation <u>Pictured Cliffs</u>	Kind of Lease State, Federal or Fee <u>Indian Cont.</u>	Lease No. <u>393</u>
Location Unit Letter <u>B</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>1450</u> Feet From The <u>East</u> Line of Section <u>28</u> Township <u>23N</u> Range <u>4W</u> , NMPM, <u>Sandoval</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 990, Farmington, N.M. 87401</u>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
				Is gas actually connected? <u>No</u> When

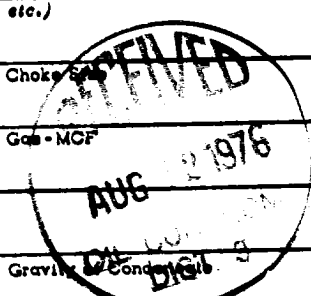
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded <u>July 1, 1976</u>	Date Compl. Ready to Prod. <u>July 22, 1976</u>		Total Depth <u>2498</u>		P.B.T.D. <u>2461</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>6990 DF</u>	Name of Producing Formation <u>Pictured Cliffs</u>		Top Oil/Gas Pay <u>2410</u>		Tubing Depth <u>2432</u>			
Perforations <u>2410-2446</u>						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4</u>	<u>8 5/8</u>		<u>120</u>		<u>Circulated 100 sacks</u>			
<u>6 3/4</u>	<u>4 1/2</u>		<u>2491</u>		<u>110 sacks</u>			

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



GAS WELL

Actual Prod. Test - MCF/D <u>750</u>	Length of Test <u>3 hours</u>	Bbls. Condensate/MMCF	Grav. Condensate
Testing Method (pitot, back pr.) <u>Choke</u>	Tubing Pressure (shut-in) <u>720</u>	Casing Pressure (shut-in) <u>720</u>	Choke Size <u>3/4</u>

VI. 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.

Jack A. Cole
 (Signature)
 Operator
 (Title)
 August 11, 1976

OIL CONSERVATION COMMISSION
AUG 27 1976

APPROVED _____, 19____
 BY Original Signed by A. R. Kendrick
 TITLE SUPERVISOR DIST #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, _____ or other such change of condition.