LAND OFFICE  FRANSPORTER CIL  GAS  OPERATOR  PRORATION OFFICE  Cas  Cas  PRORATION OFFICE  Cas  Cas  Cas  Cas  Cas  Cas  Cas  C	AUT				
DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  I RANSPORTER  GAS  OPERATOR  PRORATION OFFICE  Coperator  E1 Paso Exploration of Address  1800 Wilco Building,  Reason(s) for filing (Check proper box)  New Well  Recompletion  Change in Ownership X  If change of ownership give name and address of previous owner  Odes  I. DESCRIPTION OF WELL AND LEAS	AUT				
SANTA FE  FILE  U.S.G.S.  LAND OFFICE  I RANSPORTER  OPERATOR  PRORATION OFFICE  Cas  OPERATOR  PRORATION OFFICE  Cas  1800 Wilco Building,  Reason(s) for filing (Check proper box)  New Well  Recompletion  Change in Ownership give name and address of previous owner  Odes  I. DESCRIPTION OF WELL AND LEAS	AUT				
FILE  U.S.G.S.  LAND OFFICE  I RANSPORTER GAS  OPERATOR  PRORATION OFFICE  Cperator  E1 Paso Exploration (Address  1800 Wilco Building,  Reason(s) for filing (Check proper box)  New Well  Recompletion  Change in Ownership give name and address of previous owner  Odes  I. DESCRIPTION OF WELL AND LEAS	AUT				
U.S.G.S.  LAND OFFICE  FRANSPORTER GAS  OPERATOR  PRODUCTION  El Paso Exploration (Casses)  Address  1800 Wilco Building,  Reason(s) for filing (Check proper box)  New Well  Recompletion  Change in Ownership Williams  If change of ownership give name and address of previous owner  Odes  I. DESCRIPTION OF WELL AND LEAS	AUT				
LAND OFFICE  IRANSPORTER CIL GAS  OPERATOR  PROBATION OFFICE  Coperator  E1 Paso Exploration Conditions  Address  1800 Wilco Building, Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership X  If change of ownership give name and address of previous owner  Odes  I. DESCRIPTION OF WELL AND LEAS	AUT				
OPERATOR OPERATOR PROPATION OFFICE  Coperator El Paso Exploration Conditions Address  1800 Wilco Building, Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership X  If change of ownership give name and address of previous owner  Odes  I. DESCRIPTION OF WELL AND LEAS					
PRORATION OFFICE  PRORATION OFFICE  Coperator  El Paso Exploration (Characteristics)  Reason(s) for filing (Check proper box)  New Well  Recompletion  Characteristics  If change of ownership X  If change of ownership give name and address of previous owner  Odes  I. DESCRIPTION OF WELL AND LEAS					
PRORATION OFFICE  Cperator  El Paso Exploration C  Address  1800 Wilco Building,  Reason(s) for filing (Check proper box)  New Well  Recompletion Change in Ownership X  If change of ownership give name and address of previous owner  Odes  I. DESCRIPTION OF WELL AND LEAS					
El Paso Exploration C  Address  1800 Wilco Building,  Reason(s) for filing (Check proper box)  New Well  Recompletion  Change in Ownership X  If change of ownership give name and address of previous owner  Odes  I. DESCRIPTION OF WELL AND LEAS					
El Paso Exploration C  Address  1800 Wilco Building,  Reason(s) for filing (Check proper box)  New Well  Recompletion  Change in Ownership X  If change of ownership give name and address of previous owner  Odes  I. DESCRIPTION OF WELL AND LEAS					
1800 Wilco Building,  Reason(s) for filing (Check proper box)  New We!!  Recompletion  Change in Ownership X  If change of ownership give name and address of previous owner  Odes  I. DESCRIPTION OF WELL AND LEAS	omp				
Reason(s) for filing (Check proper box)  New Well  Recompletion  Change in Ownership X  If change of ownership give name and address of previous owner  Odes  I. DESCRIPTION OF WELL AND LEAS					
New Well Recompletion Change in Ownership X  If change of ownership give name and address of previous owner  Odes  I. DESCRIPTION OF WELL AND LEAS	Mi				
Recompletion Change in Ownership X  If change of ownership give name and address of previous owner  Odes  I. DESCRIPTION OF WELL AND LEAS	Chang				
If change of ownership give name and address of previous owner Odes  I. DESCRIPTION OF WELL AND LEAS	)11 				
If change of ownership give name and address of previous owner Odes  1. DESCRIPTION OF WELL AND LEAS	Casin				
and address of previous owner Udes  1. DESCRIPTION OF WELL AND LEAS					
I. DESCRIPTION OF WELL AND LEAS	sa				
	E				
Chacon Jicarilla "D"					
Lecation					
Unit Letter I 2310	_				
Unit Letter;2310	Feet				
Line of Section 22 Township					
I DESIGNATION OF TRANSPORTER	ንፑ (				
I. DESIGNATION OF TRANSPORTER (	<u> </u>				
Giant Refinery, Inc.					
Name of Authorized Transporter of Casinghed	a Ga				
El Paso Natural Gas Co.					
If well produces oil or liquids, Unit	i				
Later talance of temples	L				
If this production is commingled with the /. COMPLETION DATA					
Designate Type of Completion -	(X)				
Date Spudded Date	Сом				
Elevations (DF, RKB, RT, GR, etc.) Nam					
Perforations	of I				
	of F				
HOLE SIZE	of F				
	of F				
	Name				

Supervisor, Production Records

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
FILE U.S.G.S.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL GA	S
LAND OFFICE	AUTHORIZATION TO TH		•
I RANSPORTER CIL			
G AS	<del>  </del>		
PRORATION OFFICE	<del></del>		
Sperator OFFICE			
	ration Company		
Address 1800 Wilco Bu	ilding, Midland, Texas 79	701	
Reason(s) for filing (Check prop	er box)	Other (Please explain)	
iew Well	Change in Transporter of:		
Recompletion Change in Ownership X	Oil Dry ( Casinghead Gas Cond	ensate	
Change in Ownership[A]	<u> </u>		
f change of ownership give n nd address of previous owne		tion - P. O. Box 3908 - Ode	ssa, Texas 79760
DESCRIPTION OF WELL	AND LEASE		
Legae Name	Lease No. Well No. Pool !		Kind of Lease Jicarilla
Chacon Jicarilla "	" 183 5 Cha	con Dakota Associated	State, Federal or Fee Indian
Leagtion	0010	220	Foot
Unit Letter I;	2310 Feet From The South	ine and 330 Feet From The	e <u>tast</u>
Line of Section 22	Township 23N Range	3W , ммрм, San	doval County
	DODEED OF OUR AND NATURAL	SAC	
Name of Authorized Transporter	PORTER OF OIL AND NATURAL ( of Oil  ☐ or Condensate  ☐	Address (Give address to which approved Petroleum Plaza Bidg.	copy of this form is to be sent)
Giant Refinery, In	·	3535 F. 30th Street-Far	mington, N. M. 87401
Name of Authorized Transporter	of Casinghead Gas X or Dry Gas	3535 E. 30th Street-Far Address (Give address to which approve P. 0. Box 1492 (Attn:	d copy of this form is to be sent) Prod. Control)
El Paso Natural Ga		F1 Pago Texas 79978 Is gas actually connected? When	
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Ege.	1	1-8-77
f this production is comming	ed with that from any other lease or poo	l, give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
Designate Type of Con	pletion — (X)		P.B.T.D.
Date Spudded	Date Compi. Ready to Prod.	Total Depth	F.D.1.U.
Elevations (DF, RKB, RT, GR,	etc.; Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations		1	
	TUBING, CASING, A	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUE	ST FOR ALLOWABLE (Test must be	e after recovery of total volume of load oil as	nd muse be equal to or exceed top allow
OII. WELL	able for this	depth or be for full 24 hours)  Producing Method (Flow, pump, gas 15)	
Date First New Cil Run To Ta	ks Date of Test	(6.5)	
Length of Test	Tubing Pressure	Casing Pressure	Chore Size OB
		£.c.	000
Actual Prod. During Test	Oll-Bbis.	Water - Bbls.	CARCHE
			Car Orall
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
		Casing Pressure	Choke Size
Testing Method (pitot, back pr	) Tubing Pressure	Casing Pressure	
CERTIFICATE OF COM	LIANCE	OIL CONSERVAT	TION COMMISSION
		ΔΡ	R 20 198
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		on	Original Signal op 11.94 114.46
Commission have been com above is true and complete	pited with and that the information given the heat of my knowledge and belie	ef. BY	
*	10 1110 0001 01 111,		
		TITLE	SUPERVISOR DISTRICT I S
<i></i>		TITLE	
Grantine		This form is to be filed in co	

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.