## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

OM		
U.S.G.A.		_
OIL		
DAS		
OPERATOR		
PROBATION OFFICE		
	O AS	OIL GAS

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

Separate Forms C-104 must be filed for each pool in multip completed wells.

TRAMSPORTER OIL			
OPERATOR GAS	REQUEST FO	OR ALLOWABLE	
PROBATION OFFICE	•	AND	
I.	AUTHORIZATION TO TRANS	SPORT DIL AND NATURAL GAS	
Operator	_		
El Paso Exploration	ı Company		
Address	- company		
Box 4289, Farmingto	on, New Mexico 87499		
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Cii	Dry Gas	
Change in Ownership	Casinghead Gas	Condensate Change Pool Name	
Il change of ownership give name and address of previous owner			
and address of previous owner			
II. DESCRIPTION OF WELL AND	IEASE		
Lease Name	Well No. Pool Name, Including F	ormation   Kind of Lease	Lease No.
Chacon Jicarilla D	18 West Lindrith	Gallup Dakota Sexes Foderal Market Jic.	Cont #183
Location		out top build a state Attack	09110, 1103
Unit Letter K : 1850	Feet From The South 1.1	West	
Dair Letter	Feet From The	ne and Feet From The HCSC	· · · · · · · · · · · · · · · · · · ·
Line of Section 22 Towns	whip 23N Range	3W Sandoval	
	2011	JW NMPM, Sandoval	County
III. DESIGNATION OF TRANSPO	ORTER OF OUR AND MATTERA	I CAC	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form to	
Giant Refining Company		P. O. Box 256, Farmington, New Mexic	
Name of Authorized Transporter of Casin		Address (Give address to which approved copy of this form is	
El Paso Natural Gas Co			1499
1,	Unit Sec. Twp. Rge.		
If well produces oil or liquids, a give location of tanks.		Is gas actually connected? When	
	K ; 22 ; 23N ; 3W		· ·
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	<del></del>	
	——————————————————————————————————————	n	
VI. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION DIVISION	
Thereby and the state of the st	A CONTRACTOR OF STATE	UIN 1 9/108A ·	
I hereby certify that the rules and regulation been complied with and that the information	s'of the Oil Conservation Division have	APPROVED JUNE 1007	. , 19
my knowledge and belief.	See and trace state complete to the Best of	1 Sante /	
	14	BY	
	~ JUN 1 2 1984	TITLE SUPERVISOR DISTRICT # 3	
1 1 1 1 · ·	THE PROPERTY OF THE PARTY OF TH		
_ dl. D. Gusc	Will College Black	This form is to be filed in compliance with Rul	
(Signatu	", DIST. 3	If this is a request for allowable for a newly dri	lled or deepen
Brilling Clerk	_	well, this form must be accompanied by a tabulation tests taken on the well in accordance with RULE 1	of the deviati
(Title)	,	All sections of this form must be filled out com-	
June 12, 1984		able on new and recompleted wells.	
(Date)	,	Fill out only Sections I, II, III, and VI for ch	angua of own
		well name or number, or transporter, or other such cha	nge of condition

	OII Well	Gas Well	New Well	1.00					
Designate Type of Complet	ion — (X)	1 222	1 Main Mett	Workover	Deepen	Plug Back	Same ries'v.	Diff. Reary	
Date Spudded	Date Compl. Ready t	la Prod	Total	<del>!</del>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	1	!	
	1		Total Depti	Total Depth			P.3.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Production 5		<del></del>			·			
	Name of Producing Formation		Top Otl/Gas Pay			Tubing Depth			
Perforations	<del></del>					1		•	
						Depth Casts	ng Shoe		
	<u>-</u>	<del></del>					••		
HO1 5 517#	TUBINI	G, CASING, AN	D CEMENTI	NG RECORD			· · · · · · · · · · · · · · · · · · ·		
HOLESIZE	CASING & TU	BING SIZE	1	DEPTH SE			CKS CEMEN		
	<u> </u>						CK3 CEMEN	<u> </u>	
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			1	<del></del>		<del>- </del>			
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						1			
TEST DATA AND REQUEST	FOR ALLOWARIE	(Tara - van)	·						
TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE	(Test must be a mble for this d	ifter recovery	of total volum	e of load oil	and must be eq	tual to or exce	ed top allow	
TEST DATA AND REQUEST OIL WELL  Jaio First New Oil Run To Tanks	FOR ALLOWABLE	(Tast must be a mble for this d					tual to or exce	ed top allow	
TEST DATA AND REQUEST OIL WELL  Date First New Oil Run To Tanks		(Test must be a pable for this d		of total volum full 24 hours) tetnod (Flow,			qual to or exce	ed top allow	
pate First New Oil Run To Tanks		(Test must be a mble for this d	Producing h	letnod (Flow,		ift, etc.j	qual to or exce	ed top allow	
pate First New Oil Run To Tanks	Date of Test	(Test must be a nble for this d		letnod (Flow,			tual to or exce	od top allow	
ength of Test	Date of Test Tubing Pressure	(Test must be a Bble for this d	Producing h	etnod (Flow,		ift, etc.j	qual to or exce	ed top allow	
ength of Test	Date of Test	(Test must be a nble for this d	Producing h	etnod (Flow,		ift, etc.j	quai to or exce	ed top allow	
one First New Cil Run To Tanks	Date of Test Tubing Pressure	(Test must be a nble for this d	Producing h	etnod (Flow,		Choke Size	qual to or exce	ed sop allow	
ength of Test	Date of Test Tubing Pressure	(Test must be a nble for this d	Producing h	etnod (Flow,		Choke Size	qual to or exce	ed top allow	
ength of Test  CHAST Pred. During Test  AS WELL	Tubing Pressure Oil-Sbis.	(Test must be a nble for this d	Producing & Casing Pres	setnod (Flow,		Choke Size	qual to or exce	ed top allow	
ength of Test  CHAST Pred. During Test  AS WELL	Date of Test Tubing Pressure - Oil-Bbis.	(Test must be a shie for thie d	Producing & Casing Pres	etnod (Flow,		Choke Size		ed top allow	
AS WELL  Crual Prod. Test-MCF/D	Date of Test Tubing Pressure Oil-Shie. Length of Test		Producing & Casing Pres	setnod (Flow,		Choke Size		ed top allow	
AS WELL  Crual Prod. Test-MCF/D	Tubing Pressure Oil-Sbis.		Producing No.	nagte/MACF	pump, gas li	Choke Size  Choke Size  Con-MCF  Gravity of C		ed top allow	
AS WEIL Actual Prod. Test-MCF/D  Testing Method (pilot, back pr.)	Date of Test Tubing Pressure Oil-Shie. Length of Test		Producing No.	setnod (Flow,	pump, gas li	Choke Size		ed top allo	