## STATE OF NEW MEXICO OIL CON: DIV **ENERGY AND MINERALS DEPARTMENT** Form C-104 ---Revised 10-01-78 Format 06-01-83 DISTRIBUTION OIL CONSERVATION DIVISI SANTA FE P. O. BOX 2088 FILE U.S.G.S. SANTA FE, NEW MEXICO 87501 LAND OFFICE OIL TRANSPORTER REQUEST FOR ALLOWABLE OPERATOR AND PROBATION OFFICE **AUTHORIZATION TO TRANSPORT OIL AND NATURAL** Operator El Paso Exploration Company Post Office Box 4289, Farmington, New Mexico 87499 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: V OII Recompletion 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 Vell No. Pool Name, Including Formation Kind of Lease Lease Name Lease N Federal e Chacon Jicarilla D Jic. Cont #183 <u>Chacon Dakota Associated</u> 790 North ...990 East From The Unit Letter 27 23N 3W NMPM, Sandova 1 Township Range Coun Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil P. O. Box 256, Farmington, New Mexico 8740. Address (Give address to which approved copy of this form is to be sent) Giant Refining Company Name of Authorized Transporter of Castnghead Gas or Dry Gas [V] El Paso Natural Gas Company P. O. Box 4289. Farmington, New Mexico 8749 Rge. Unit Two. Is gas actually connected? If well produces oil or liquids, 23N give location of tanks. 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. OIL CONSERVATION DIVISION VI. CERTIFICATE OF COMPLIANCE

(Date)

I hereby certify that the rules and regulations of the Oil Conservation Division have

This form is to be filed in compliance with RULE 1104.

SUPERVISOR DISTRICT # 3

If this is a request for allowable for a newly drilled or deeps well, this form must be accompanied by a tabulation of the devis tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condit

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

TITLE

| Death of The Control  |                             | OII Well             | Gas Well                        | New Well       | Workover  | Deepen         | Plug Back         | <del></del>     | 1=   |  |
|---|-----------------------------|----------------------|---------------------------------|----------------|---|----------------|-------------------|-----------------|--|--|
| Designate Type of Comple  | tion $-(X)$                 |                      | 1                               |                | 1   | i Seepen       | l bind Back       | Same Restv.     | DIEL Re                                      |  |
| Date Spudded  | Date Compi.                 | Ready to Pr          | rod.                            | Total Depti    | h   | <u> </u>       | P.B.T.D.          | <u> </u>        | <u>.                                    </u> |  |
| Elevations (DF, RKB, RT, GR, etc.   | Name of Producing Formation |                      |                                 | Тор ОЦ/Сав Рау |   |                | Tubi Jepth        |                 |  |  |
| Perforations  |                             |                      |                                 |                |   |                | Cepth Casing Shoe |                 |  |  |
|   |                             | TUBING C             | ASING AN                        | D CEUENTI      | NC DECOM  |                |                   | ·               |  |  |
| HOLE SIZE   |                             | CASING & TUBING SIZE |                                 |                | D CEMENTING RECORD DEPTH SET                      |                |                   | SACKS DEMENT    |  |  |
|   | 1                           |                      |                                 |                |   |                |                   | TOTAL SEMEN     |  |  |
|   |                             | <del>_</del>         |                                 | <del> </del>   |   |                |                   |                 |  |  |
|   | 1                           |                      |                                 | 1              |   |                |                   |                 |  |  |
|   |                             |                      |                                 |                |   | <del></del>    |                   |                 |  |  |
| 7. TEST DATA AND REQUES OIL WELL  | T FOR ALLOW                 | VABLE (T             | est must be o                   | fler recovery  | of total volum                                    | ne of load oil | and must be e     | qual to or exca | red top al                                   |  |
|   | T FOR ALLOW                 | VABLE (T             | est must be a<br>ble for this d | pen or be jur  | of total volum<br>full 24 hours)<br>wethod (Flow, |                |                   | qual to or exca | red top al                                   |  |
| Date First New Oil Run To Tanks   |                             |                      | est must be a<br>ble for this d | pen or be jur  | Method (Flow,                                     |                |                   | qual to or exce | ed top al                                    |  |
| Date First New Oil Run To Tanks Length of Test  | Date of Test                |                      | est must be a<br>ble for this d | Producing      | Method (Flow,                                     |                | ift, etc.j        | qual to or exce | ed top al                                    |  |
| Date First New Oil Run To Tanks Length of Test  | Date of Test Tubing Press   |                      | est must be a<br>ble for this d | Producing a    | Method (Flow,                                     |                | Choke Size        | qual to or exce | ed top al                                    |  |
| Date First New Oil Run To Tanks Length of Test Actual Prod. During Test AS WELL   | Date of Test Tubing Press   |                      | est must be a<br>ble for this d | Producing a    | Method (Flow,                                     |                | Choke Size        | qual to or exca | ed top al                                    |  |
| 7. TEST DATA AND REQUES OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D | Tubing Press Oil-Bbis.      | we                   | est must be a<br>ble for this d | Producing A    | Method (Flow,                                     | pump, gas i    | Choke Size        |                 | ed top al                                    |  |