

|                   |     |
|-------------------|-----|
| SANTA FE          |     |
| FILE              |     |
| U.S.G.S.          |     |
| LAND OFFICE       |     |
| TRANSPORTER       | OIL |
|                   | GAS |
| OPERATION         |     |
| PRODUCTION OFFICE |     |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-105  
Effective 1-1-65

|                                                                                                   |                           |
|---------------------------------------------------------------------------------------------------|---------------------------|
| Operator<br>Jack A. Cole                                                                          |                           |
| Address<br>P. O. Box 191, Farmington, New Mexico 87499                                            |                           |
| Reason(s) for filing (Check proper box)                                                           | Other (Please explain)    |
| New Well <input type="checkbox"/>                                                                 | Effective October 1, 1983 |
| Recompletion <input type="checkbox"/>                                                             |                           |
| Change in Ownership <input type="checkbox"/>                                                      |                           |
| Change in Transporter of:<br>Oil <input checked="" type="checkbox"/> Gas <input type="checkbox"/> |                           |
| Casinghead Gas <input type="checkbox"/>                                                           |                           |
| Dry Gas <input type="checkbox"/>                                                                  |                           |
| Condensate <input type="checkbox"/>                                                               |                           |

If change of ownership give name  
and address of previous owner

|                                                                                        |               |                                                            |                                                               |                               |
|----------------------------------------------------------------------------------------|---------------|------------------------------------------------------------|---------------------------------------------------------------|-------------------------------|
| DESCRIPTION OF WELL AND LEASE                                                          |               |                                                            |                                                               |                               |
| Lease Name<br>Chacon Amigos                                                            | Well No.<br>2 | Pool Name, including Formation<br>Chacon Dakota Associated | Kind of Lease<br>Jicarilla<br>State, Federal or Fee<br>Apache | Lease No.<br>Contract No. 360 |
| Location<br>Unit Letter I : 1850' Feet From The South Line and 990' Feet From The East |               |                                                            |                                                               |                               |
| Line of Section 2 Township 22N Range 3W, NMPM, Sandoval County                         |               |                                                            |                                                               |                               |

|                                                                                                                          |                                                                          |           |             |            |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------|-------------|------------|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS                                                                        |                                                                          |           |             |            |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |           |             |            |
| Plateau, Inc.                                                                                                            | P. O. Box 489, Bloomfield, N.M. 87413                                    |           |             |            |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |           |             |            |
| El Paso Natural Gas Company                                                                                              | P. O. Box 990, Farmington, N.M. 87499                                    |           |             |            |
| If well produces oil or liquids,<br>give location of tanks.                                                              | Unit<br>I                                                                | Sec.<br>2 | Twp.<br>22N | Rge.<br>3W |
|                                                                                                                          | Is gas actually connected?                                               |           |             | When       |
|                                                                                                                          | Yes                                                                      |           |             |            |

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Restv. <input type="checkbox"/> Diff. Restv. <input type="checkbox"/> |                 |              |
| Date Spudded                         | Date Compl. Ready to Prod.                                                                                                                                                                                                                                                            | Total Depth     | P.B.T.D.     |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation                                                                                                                                                                                                                                                           | Top Oil/Gas Pay | Tubing Depth |
| Perforations                         | Depth Casing Shoe                                                                                                                                                                                                                                                                     |                 |              |
| TUBING, CASING, AND CEMENTING RECORD |                                                                                                                                                                                                                                                                                       |                 |              |
| HOLE SIZE                            | CASING & TUBING SIZE                                                                                                                                                                                                                                                                  | DEPTH SET       | SACKS CEMENT |
|                                      |                                                                                                                                                                                                                                                                                       |                 |              |
|                                      |                                                                                                                                                                                                                                                                                       |                 |              |
|                                      |                                                                                                                                                                                                                                                                                       |                 |              |
|                                      |                                                                                                                                                                                                                                                                                       |                 |              |

|                                                                                                                                                                                      |                 |                                               |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------|------------|
| V. 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.) |            |
| 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        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

|                                                                                                                                                                                                              |  |                                                                                                                                                                                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| VI. CERTIFICATE OF COMPLIANCE                                                                                                                                                                                |  | OIL CONSERVATION COMMISSION                                                                                                                                                                |  |
| 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. |  | APPROVED _____, 19                                                                                                                                                                         |  |
| Dwayne Blumeth<br>(Signature)                                                                                                                                                                                |  | Original Signed by FRANK T. CHAVEZ                                                                                                                                                         |  |
| Production Superintendent<br>(Title)                                                                                                                                                                         |  | BY _____                                                                                                                                                                                   |  |
| September 28, 1983<br>(Date)                                                                                                                                                                                 |  | TITLE _____                                                                                                                                                                                |  |
|                                                                                                                                                                                                              |  | 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 deviate 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, well name or number, or transporter, or other such change of condition.                                                    |  |
|                                                                                                                                                                                                              |  | Separate Forms C-104 must be filed for each pool in multiple completed wells.                                                                                                              |  |