

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-11-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JUN 05 1984

I. Operator JACK A. COLE

Address P.O. Box 191 Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) Pool Name Change
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Chacon Amigos</u>	Well No. <u>2</u>	Pool Name, including Formation <u>West Lindrith Gallup-Dakota</u>	Kind of Lease <u>Jicarilla</u> State, Federal or Fee <u>Apache</u>	Contract Lease No. <u>No. 360</u>
Location				
Unit Letter <u>I</u>	: <u>1850</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u>			
Line of Section <u>2</u>	Township <u>22N</u>	Range <u>3W</u>	, NMPM, <u>Sandoval</u> County	

III. 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)
<u>Plateau, Inc.</u>	<u>P.O. Box 489, Bloomfield, New Mexico 87413</u>
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)
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 990, Farmington, New Mexico 87499</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>I</u> Sec. <u>2</u> Twp. <u>22N</u> Rge. <u>3W</u>	<u>Yes</u> <u>11/6/80</u>

If this production is commingled with that from any other lease or pool, give commingling order number: Order No. R-7495

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Dewayne Blancett
Dewayne Blancett (Signature)
Production Superintendent
(Title)
June 4, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 05 1984, 19____
BY [Signature]
TITLE SUPERVISOR DISTRICT # 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, 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.