

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes OIL C-104 and C-110 Effective 1-1-83

NAME
ADDRESS
CITY
STATE
ZIP
DATE
SIGNATURE
OFFICE

OIL
GAS

DATE
SIGNATURE
OFFICE

JACK A. COLE

P. O. BOX 191, FARMINGTON, NEW MEXICO 87499

Reason(s) for filing (Check proper box)

Other (Please explain)

Well Completion Change in Ownership

Change in Transporter of:
Oil ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name
CHACON AMIGOS

Well No.
2

Pool Name, Including Formation
WEST LINDRITH GALLUP DAKOTA

Kind of Lease
JICARILLA
State, Federal or Fee APACHE

Lease No.
360

Location
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

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Address (Give address to which approved copy of this form is to be sent)

GIANT REFINING COMPANY

P. O. BOX 256, FARMINGTON, NM 87499

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

Address (Give address to which approved copy of this form is to be sent)

EL PASO NATURAL GAS COMPANY

P. O. BOX 990, FARMINGTON, NM 87499

Well produces oil or liquids, give location of tanks.

Unit

Sec.

Twp.

Pge.

Is gas actually connected?

When

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

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res't.

Diff. Res't.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Levations (DF, RKB, RT, CR, 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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

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

CERTIFICATE OF COMPLIANCE :

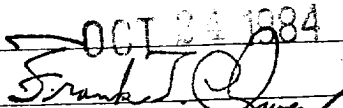
Hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

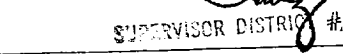
Signature

OPERATOR

October 23, 1984

OIL CONSERVATION COMMISSION

APPROVED  OCT 24 1984

BY 

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 deviated tests taken on the well in accordance with RULE 111.

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

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