

JACK A. COLE

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

Reason(s) for Filing (Check proper box)

new Well	<input type="checkbox"/>	Change in Transport of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Gas/liquid Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>

Other (Please explain)

change of ownership give name  
and address of previous owner \_\_\_\_\_

### DESCRIPTION OF WELL AND LEASE

Lessee Name	Well No.	Pool Name, Including Formation	Kind of Lease	State, Federal or Foreign	Lease No.
CHACON AMIGOS	101	WEST LINDRITH GALLUP DAKOTA	JICARILLA	APACHE	358

Location  
Unit Letter L ; 1850 Feet From The South Line and 790 Feet From The West  
Line of Section 7 Township 22N Range 2W , NMPM, Sandoval County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION NO. OF THIS FORM: _____					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					P. O. BOX 256, FARMINGTON, NM 87499	
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)	
GIANT REFINING COMPANY					P. O. BOX 990, FARMINGTON, NM 87499	
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, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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	Gas well	New Well	Workover	Refrill	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth		
Perforations					Depth Casing Shoe		

## TUBING, CASING, AND CEMENTING RECORD

[illegible]

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.	RECEIVED

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Ble. Condensate/MMCF	OIL CON. DIV
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Coasting Pressure (shut-in)	Choke Size
DATE OF SUBMISSION			

**CERTIFICATE OF COMPLIANCE :**

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.

*John A. Bole*  
(Signature)

OPERATOR

(Title)

October 23, 1984

(1014)

## OIL CONSERVATION COMMISSION

APPROVED UCFZ-150. 19

BY \_\_\_\_\_  
TITLE \_\_\_\_\_ SUPERVISOR DISTRICT # 3

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 all  
able on new and recompleted walls.

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

Separate Form C-104 must be filed for each pool in multiple.