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NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND

Form C-104  
 Supersedes Old C-103 and C-110  
 Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

B.R.

Operator  
**JACK A. COLE**  
 Address  
**P. O. Box 191 Farmington; New Mexico 87401**  
 Reason(s) for filing (Check proper box) Other (Please explain)  
 New Well ☒ Change in Transporter of:  
 Recompletion ☐ Oil ☐ 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

Lease Name **Chacon Amigos** Well No. **101** Pool Name, Including Formation **Chacon Dakota Assoc.** Kind of Lease **Jicarilla** Lease No. **Contract**  
 Location **Chacon Assoc** State, Federal or Fee **Apache** No. **358**  
 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

III. DESIGNATION 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)  
**Merfit Oil Company** **300 W. Arrington, Farmington, N.M. 87401**  
 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, N.M. 87401**  
 If well produces oil or liquids, give location of tanks. Unit **L** Sec. **7** Twp. **22N** Rge. **2W** Is gas actually connected? **No** When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X) Oil Well ☒ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐  
 Date Spudded **10/2/80** Date Compl. Ready to Prod. **10/29/80** Total Depth **7090'** P.B.T.D. **7013'**  
 Elevations (DF, RKB, RT, GR, etc.) **7257' KB** Name of Producing Formation **Dakota** Top Oil/Gas Pay **6858'** Tubing Depth **7074'**  
 Perforations **6858'-6892'; 6896'-6900'; 6958'-6960'; 6964'-6970'; 6974'-6978'** Depth Casing Shoe **6955'**  
 TUBING, CASING, AND CEMENTING RECORD  
 HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
**12-1/4"** **8-5/8"** **290** **250 sacks**  
**7-7/8"** **4-1/2"** **7093'** **716 sacks**  
**2-3/8"** **7074'**

V. 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 **11/13/80** Date of Test **11/11/80** Producing Method (Flow, pump, gas lift, etc.) **Flowing**  
 Length of Test **24 hrs.** Tubing Pressure **175 psig.** Casing Pressure **500 psig** Choke Size **3/4" DIST. 3**  
 Actual Prod. During Test Oil-Bbls. **75** Water-Bbls. **-0-** Gas-MCF **100**

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

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.

FOR: JACK A. COLE

Dewayne Blancett  
 Dewayne Blancett (Signature) Production Foreman  
 Walsh Engineering & Production Corp.

11/14/80

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 17 1980**  
 BY **Original Signed by CHARLES BRIDGEMAN**

TITLE **DEPUTY OIL & GAS INSPECTOR, DIST. #2**

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.