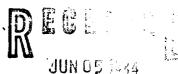
## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION		_	Ī
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V.8.0.4,			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE AND



Separate Forms C-104 must be filed for each pool in multiply completed wells.

AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS JUN 05 1884		
Operator	OIL CON. DAV		
JACK A. COLE	DIST. 3		
P.O. Box 191 Farmington, New Reason(s) for filing (Check proper box)	Mexico 87499 Other (Please explain)		
New Well Change in Transporter of:	Office (7 fease explain)		
	ry Gas Pool Name Change		
	Pool Name Change		
f change of ownership give name and side of previous owner			
I. DESCRIPTION OF WELL AND LEASE Lease Name   Well No.   Pool Name, Including F	Contract		
Chacon Amigos 6 West Lindrith	Jicarilla		
Location	Gallup-Dakota Side, Federal of Fee Abache No. 360		
Unit Letter C : 800 Feet From The North Line and 1850 Feet From The West			
Line of Section 11 Township 22N Range	3W , NMPM, Sandoval County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Cil X or Condensate	Address (Give address to which approved copy of this form is to be sent)		
Plateau, Inc.	P.O. Box 489, Bloomfield, New Mexico 87413		
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, New Mexico 87499		
If well produces oil or liquids, Unit Sec. Twp. Rgs.	Is gas actually connected? When		
give location of tanks. C 11 22N 3W	Yes 7/3/81		
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.			
T. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
hereby certify that the rules and regulations of the Oil Conservation Division have een complied with and that the information given is true and complete to the best of my knowledge and belief.	APPROVEC		
,	BY Starked Laver		
	TITLE SUPERVISOR DISTRICT # 3		
$\cap$	This form is to be filed in compliance with RULE 1104.		
Dovagne Dencett (Signature)	If this is a request for allowable for a newly drilled or despensed well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
Dewayne Blancett/Production Supertindent (Title)	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
June 4, 1984 (Date)	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.		