

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-113
Effective 1-1-65

B.K.

Operator JACK A. COLE	
Address P. O. Box 191 Farmington, N.M. 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 <input type="checkbox"/>

If change of ownership give name and address of previous owner

Lease Name Chacon Amigos		Well No. 5	Pool Name, Including Formation Chacon Dakota Assoc.	Kind of Lease Jicarilla	Lease No. Contract No. 360
Location					
Unit Letter O	790	Feet From The South	Line and 1850	Feet From The East	
Line of Section 1	Township 22N	Range 3W	, NMPM, Sandoval		County

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Merit Oil Company		Address (Give address to which approved copy of this form is to be sent) 300 W. Arrington, Farmington, N.M. 87401			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company		Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, N.M. 87401			
If well produces oil or liquids, give location of tanks.	Unit O	Sec. 1	Twp. 22N	Rge. 3W	Is gas actually connected? No When Unknown

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

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4/10/81	Date Compl. Ready to Prod. 5/16/81	Total Depth 7180'		P.B.T.D. 7116'					
Elevations (DF, RKB, RT, GR, etc.) 7270' KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 6948'		Tubing Depth 7130'					
Perforations 6912'-6948'				Depth Casing Shoe 6940'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		268'		250 sacks				
7-7/8"	4-1/2"		7181'		700 sacks				
	2-3/8"		6940'						

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 5/19/81	Date of Test 5/22/81	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 800 psig	Casing Pressure 1100 psig	Choke Size 3/4"
Actual Prod. During Test	Oil-Bbls. 180	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**
EWELL N. WALSH
Ewell N. Walsh, P.E. (Signature) President
Walsh Engineering & Production Corp.
5/27/81
(Date)

OIL CONSERVATION COMMISSION
MAY 28 1981
APPROVED _____, 19____
BY **Original Signed by FRANK T. CHAVEZ**
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.