

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-1
Effective 1-1-65

Operator
JACK A. COLE
Address
P. O. Box 191 Farmington, New Mexico 87401
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Change in transporter effective 2/1/82
If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
Lease Name
Chacon Amigos
Well No.
5
Pool Name, including Formation
Chacon Dakota Assoc.
Kind of Lease
Jicarilla
State, Federal or Fee
Apache
Lease No.
Contr.
No. 360
Location
Unit Letter
O
Feet From The
790
South
Line and
1850
Feet From The
East
Line of Section
1
Township
22N
Range
3W
NMPM,
Sandoval
County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Giant Refining Company
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 256, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
El Paso Natural Gas Company
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 990, Farmington, New Mexico
If well produces oil or liquids, give location of tanks.
Unit
0
Sec.
1
Twp.
22N
Rge.
3W
Is gas actually connected?
Yes
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 ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐
Date Spudded
Date Compl. Ready to Prod.
Total Depth
P.B.T.D.
Elevations (DF, RKB, RT, GR, 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
Actual Prod. During Test
Oil - Bbls.
Water - Bbls.
Choke Size
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
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 PE (Signature) President
Walsh Engineering & Production Corp.
1/19/82
(Date)

OIL CONSERVATION COMMISSION
JAN 21 1982
APPROVED
Original Signed by FRANK T. CHAVEZ
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 deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allow able 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 multiple completed wells.