NTA FE		
LE		
S.G.S.		
ND OFFICE		
RANSPORTER	OIL	
	GAS	
PERATOR		
RATION OFFICE		

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Effective 1-1-65

Operator: Jack A. Cole

Address: P. O. Box 191 Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

- New Well [ ]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [X] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other (Please explain): Effective October 1, 1983

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease: State, Federal or Fee	Lease No.
Chacon Amigos	5	Chacon Dakota Associated	Jicarilla Apache	Contr. 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

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: Plateau, Inc.
Address (Give address to which approved copy of this form is to be sent): P. O. Box 489, Bloomfield, N.M. 87413

Name of Authorized Transporter of Casinghead Gas [X] 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, N.M. 87499

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	1	22N	3W	Yes	

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

(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)

OIL WELL

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.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. 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.

Dewayne Blewett
(Signature)

Production Superintendent
(Title)

September 28, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allo able on new and recompleted wells.

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

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