

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
JUN 05 1984  
OIL CON. DIV.  
DIST. 3

Operator JACK A. COLE	
Address P.O. Box 191, Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate Pool Name Change

Change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE				Contract
Lease Name Chacon Amigos	Well No. 5	Pool Name, Including Formation West Lindrith Gallup-Dakota	Kind of Lease State, Federal or Fee	Lease No. No. 360
Location Unit Letter <u>0</u> : <u>790</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>East</u> Line of Section <u>1</u> Township <u>22N</u> Range <u>3W</u> , NMPM, <u>Sandoval</u> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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, give location of tanks.	Unit 0	Sec. 1	Twp. 22N	Rge. 3W
	Is gas actually connected?		When	
	Yes			

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.

II. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Dewayne Blacett  
(Signature)  
Dewayne Blacett/Production Supertindent  
(Title)  
June 4, 1984  
(Date)

OIL CONSERVATION DIVISION	
APPROVED	<u>Frank J. [Signature]</u> , 19
BY	<u>Frank J. [Signature]</u>
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.