

P. O. BOX 191, FARMINGTON, NEW MEXICO 87499

an(s) for filing (check proper box)

Well	☐	Change in Transporter of:	
Completion	☐	Oil	☒ Dry Gas ☐
Change in Ownership	☐	Casinghead Gas	☐ Condensate ☐

Other (Please explain)

change of ownership give name
address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	State, Federal or Fee	360
CHACON AMIGOS	5	WEST LINDRITH GALLUP DAKOTA	APACHE	

Unit Letter 0 : 790 Feet From The South Line and 1850 Feet From The East Line of Section 1 Township 22N Range 3W , NMPM, Sandoval County

SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐				Address (Give address to which approved copy of this form is to be sent)	
GIANT REFINING COMPANY				P. O. BOX 256, FARMINGTON, NM 87499	
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, NM 87499	
Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Page.	Is gas actually connected? When

his 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	None	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Formations (DF, RKB, RT, GR, etc.)	Name of Productive Formation	Top Oil/Gas Pay	Tubing Depth	
Formations			Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

[illegible]

EST DATA AND REQUEST FOR ALLOWABLE
H. WEIL

(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)

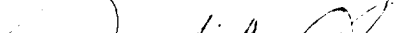
H. WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test	Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water-Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.		

AS WELL

Actual Prod. Test-MCF/D	Length of Test	BEIR, CONSTRUCTION, etc.	DATE
Feeding Method (pilot, back pr.)	Tubing Pressure (shot-in)	Coating Pressure (shot-in)	Shot Size

CERTIFICATE OF COMPLIANCE :

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.



 (Signature)
 OPERATOR

 (Title)

October 23, 1984

OIL CONSERVATION COMMISSION

APPROVED _____
BY _____
TITLE _____

This form is to be filled 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 own
well name or number, or transporter, or other such change of condition.