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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-11
Effective 1-1-65

B.K.

Operator
JACK A. COLE

Address
P. O. Box 191 Farmington, New Mexico 87401

Reason(s) for filing (check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chacon Amigos	Well No. 3	Pool Name, including Formation Chacon Dakota Assoc.	Kind of Lease Jicarilla	Lease No. Contract
Location			State, Federal or Fee Apache	
Unit Letter <u>E</u>	<u>1850</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u>	No. 360		
Line of Section <u>12</u>	Township <u>22N</u>	Range <u>3W</u>	NMPM, Sandoval County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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 <u>E</u>	Sec. <u>12</u>	Twp. <u>22N</u>	Rge. <u>3W</u>
	Is gas actually connected?		When	
	No			

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

IV. COMPLETION DATA

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'tv.	Diff. Res'tv.
Date Spudded <u>3/24/81</u>	Date Compl. Ready to Prod. <u>5/7/81</u>	Total Depth <u>7047'</u>	P.B.T.D. <u>6957'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>7159' KB</u>	Name of Producing Formation <u>Dakota</u>	Top Oil/Gas Pay <u>6808'</u>	Tubing Depth <u>6995'</u>					
Perforations <u>6756' - 6808'</u>	Depth Casing Shoe <u>6776'</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12-1/4"</u>	<u>8-5/8"</u>	<u>266'</u>	<u>250 sacks</u>					
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>7038'</u>	<u>670 sacks</u>					
	<u>2-3/8"</u>	<u>6776'</u>						

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 <u>5/14/81</u>	Date of Test <u>5/16/81</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>300 psig</u>	Casing Pressure <u>1400 psig</u>	Choke Size <u>3/4"</u>
Actual Prod. During Test	Oil - Bbls. <u>80</u>	Water - Bbls. <u>-0-</u>	Gas - MCF <u>330</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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
ORIGINAL SIGNED BY
EWELL N. WALSH

Ewell N. Walsh, PE (Signature) President
Walsh Engineering & Production Corp.
(Title)

5/18/81
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 18 1981

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 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.