

REQUEST FOR ALLOWABLE AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supervisor Old C-104 and C-110
Effective 1-1-83

NAME
LE
S.G.S.
ADDRESS
RA. PORTER
PENALTY
REGISTRATION OFFICE

OIL
GAS

JACK A. COLE

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

Reason(s) for filing (Check proper box)
Well ☐ Completion ☐ Change in Ownership ☐
Change in Transporter of: Oil ☒ Gas ☐ Dry Gas ☐ Condensate ☐
Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name: CHACON AMIGOS Well No.: 3 Pool Name, Including Formation: WEST LINDRITH GALLUP DAKOTA Kind of Lease: JICARILLA State, Federal or Fee: APACHE Lease No.: 360

Location: Unit Letter: E : 1850 Feet From The North Line and 990 Feet From The West Line of Section: 12 Township: 22N Range: 3W, NMPM, Sandoval County

DESIGNATION 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, give location of tanks. Unit: Sec: Twp: Pge: Is gas actually connected? When:

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 Rest'v. Diff. Rest'v.

Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.

Deviations (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 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 (pilot, back pr.) Tubing Pressure (shot-in) Casing Pressure (shot-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.

OPERATOR: Jack A. Cole (Signature) (Title) October 23, 1984

OIL CONSERVATION COMMISSION
OCT 24 1984
APPROVED: Frank J. [Signature] 19
BY: SUPERVISOR DISTRICT 3
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 all wells 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.