

DISTRIBUTION	
SANTA FE	
FILE	
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.

I. **Operator**
JACK A. COLE

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

Reason(s) for filing (check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chacon Amigos	Well No. 4	Pool Name, including Formation Chacon Dakota Assoc.	Kind of Lease Jicarilla State, Federal or Fee Apache	Lease No. Contract No. 360
Location Unit Letter K ; 1850 Feet From The South Line and 1850 Feet From The West Line of Section 12 Township 22N Range 3W , 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 K Sec. 12 Twp. 22N Rge. 3W	Is gas actually connected? NO When

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) X	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4/27/81	Date Compl. Ready to Prod. 5/21/81		Total Depth 7005'		P.B.T.D. 6978'			
Elevations (DF, RKB, RT, GR, etc.) 7183'KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 6802'		Tubing Depth 6978'			
Perforations 6748'-6802'					Depth Casing Shoe 6769'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		270'		250			
7-7/8"	4-1/2"		7003'		740 sacks			
	2-3/8"		6769					

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 5/22/81	Date of Test 5/28/81	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 400	Casing Pressure 1000	Choke Size 3/4"
Actual Prod. During Test	Oil-Bbls. 225	Water-Bbls. 0-	Gas-MCF 100

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Specific 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.

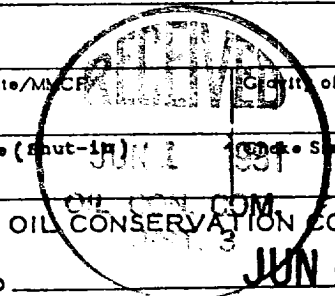
FOR: JACK A. COLE

ORIGINAL SIGNED BY
EWELL N. WALSH

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

5/29/81

(Title)
(Date)



APPROVED
BY Original Signed by FRANK T. CHAVEZ
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 recompleted wells.