NTA FE
ILE
.S.G.S.
ANSPORTER OIL
GAS
PERATOR
RORATION OFFICE

REQUEST FOR ALLOWABLE AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Effective 1-1-65

RECEIVED

Operator
Jack A. Cole

Address
P.O. Box 191 Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)
New Well [ ]
Recompletion [X]
Change in Ownership [ ]

Change in Transporter of:
Oil [X] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)
Approval to commingle Gallup with Dakota is being applied for.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Chacon Amigos	8	Undesignated Gallup	Jicarilla Apache	Contract 360

Location
Unit Letter G : 1850 Feet From The North Line and 1850 Feet From The East

Line of Section 1 Township 22N Range 3W , NMPM, Sandoval County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Plateau, Inc.
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 489, Bloomfield, New Mexico 87413

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
El Paso Natural Gas Company
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 990, Farmington, New Mexico 87499

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	1	22N	3W	yes	to Dakota Zone 4-10-82

If 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 Res'v.	Diff. Res'v.
	X			X				

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-11-82	9-14-83	7194'	7132
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
7229 GR	Gallup	6079'	6113'
			Depth Casing Shoe

Perforations
5962-6014

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼"	8-5/8"	252	250 sacks
7-7/8"	4½"	7194	850 sacks
	2-3/8"	6113	

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-5-83	9-23-83	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hours	160 psi	160 psi	3/4"
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
9	9	.6 - frac water	TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-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.

Dewayne Blancett
(Signature)

Production Superintendent - Dewayne Blancett
(Title)

October 6, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED 10-21-83, 19 83

BY

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 ownership, 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.