	TABLE U.S.G.S. LAND OFFICE TRANSPORTER OPERATOR	REQUEST	FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Dom C-104 Supersedes CH C-104 and C- Ellective pages GAS
1.	PHORATION OFFICE Cyerolor JACK A. COLE Address P. O. BOX 191 Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership If change of ownership give name	Farmington, New Me Change in Transporter of: CII Dry Ga Casinghead Gas Conden	Other (l'lease explain)	1962
	DESCRIPTION OF WELL AND I Lease Name Chacon Amigos	LEASE. Well No. Pool Name, Including F	(Jicarilla Leose No. rol or Fee Apache Contr.
	. 11	Feet From The South Lin		No. 360 The West andoval County
п.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Off Giant Refining Comp Name of Authorized Transporter of Cas El Paso Natural Gas	or Condensate Condensate Coany Inghead Gas A or Dry Gas Company	P.O. Box 256, Farmi Address (Give address to which appr P.O. Box 990, Farmi	ington, N.M. 87401 oved copy of this form is to be sent)
		Unit Sec. Twp. Fige. K 11 22N 3W h that from any other lease or pool,	Yes	4/23/82
	Designate Type of Completio	Oil Well Gas Well N X Gas Well Date Compl. Ready to Prod. 4/10/82	New Well Workover Deepen X Total Depth 7000	Plug Bock Same Res'v. Diff. Res'v
	Elevations (DF, RKB, RT, GR, etc., 7159 G.L. Perforations 6853 - 68.70 6	Name of Producing Formation Dakota 754'-6785'	Top Oil/Gas Pay 6754 '	Tubing Depth 6786' Depth Cesing Shoe 7000'
	HOLE SIZE 12-1/4" 7-7/8"		268' 7000'	sacks cement 250 sacks Class "B' 825 sacks Pozmix
v.	TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks 4/15/82 Length of Test 24 hrs.	Date of Test 4/24/82 Tubing Pressure 190 psig	fier recovery of total volume of load of pth or be for full 24 hours) Producing Method (Flow, pump, gas Pumping Cosing Freezuse 190 psig	ll and must be equal to or exceed top allow lift, etc.) Choke Size 3/4"
	Actual Prod. During Test 110	C11-Bbls. 110	Water - Bbls 0	Gua-MCF 254
	GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Length of Test Tubing Pressure (Shut-in)	Bhis. Condensate/MMCF Cosing Pressure (Shut-in)	Gravity of Condensate Choke Size
1 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 Dewayne Blancett (Signature Production Foreman Walsh Engineering & Production Corp. (Title) 4/26/82		OIL CONSERVATION COMMISSION APPROVED Original Signal of the T. HAVET SUPERVISOR DISTRICT % 3 TITLE This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly drilled or deepenewell, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 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 filled for each pool in multiple completed wells.		