

APACHE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRODUCTION OFFICE	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	Effective 1-1-83
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Jack A. Cole
Address
P. O. Box 191, Farmington, New Mexico 87499

Reason(s) for filing (if check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Effective October 1, 1983

(Change of ownership give name and address of previous owner)

DESCRIPTION OF WELL AND LEASE

Lease Name Chacon Amigos	Well No. 7	Pool Name, Including Formation Chacon Dakota Associated	Kind of Lease Jicarilla State, Federal or Fee Apache	Cont'r. No. #360
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Location
Unit Letter K : 1850' Feet From The South Line and 1850' Feet From The West

Line of Section 11 Township 22N Range 3W , NMPM, Sandoval County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 489, Bloomfield, N.M. 87413
Name of Authorized Transporter of Casinghead Gas ☒ 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, N.M. 87499

If well produces oil or liquids, give location of tanks.	Unit K	Sec. 11	Twp. 22N	Rge. 3W	Is gas actually connected? Yes	When
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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't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, 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 for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, Pump, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

RECEIVED
SEP 28 1983
OIL CON. DIV.
DIST. 3

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

I. 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.

Dwayne Blumett
(Signature)
Production Superintendent
(Title)
September 28, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 28 1983, 19__

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 deepen well, this form must be accompanied by a tabulation of the deviated 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 own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filled for each pool in multi-completed wells.