PRORATION OFFICE Operator Jack A. Cole Address Box 191, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) New Well Recompletion Other (Please explain) Other (Please explain) Change in Ownership Casinghead Gas Condensate	976 OM.
DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE OPERATOR PRORATION OFFICE Operator Jack A. Cole Address Box 191, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) New Well Resompletion Oil Change in Transporter of: Change in Ownership NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OIL OPERATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OIL OPERATOR OIL OIL OIL OIL OIL OTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OIL OOIL OIL OIL OIL OTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OIL OOIL OIL OIL OIL OTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OIL OOIL OIL OIL OTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OIL OOIL OOIL OTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OIL OOIL OOIL OTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OIL OOIL OOIL OTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OIL OOIL OOIL OTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OIL OOIL OOIL OOIL OTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OIL OOIL OOIL OOIL OTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OIL OOIL OOIL OOIL OTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OIL OOIL OOIL OOIL OOIL OOIL OOIL OOIL OOIL OOIL OON OOIL OOI	976 OM.
SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS / OPERATOR PRORATION OFFICE Coperator Jack A. Cole Address BOX 191, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) New Weil Recompletion Change in Ownership Casinghead Gas Condensate REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS WAR 8 19 Other (Please explain) Other (Please explain)	976 OM.
HILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS / OPERATOR PRORATION OFFICE Operator Jack A. Cole Address BOX 191, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership Casinghead Gas Condensate	976 OM.
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Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate	
Change in Ownership Casinghead Gas Condensate	
A Section and a section of the secti	
f 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	Lease No
Burro Canyon 1 WC Pictured Cliffs State, Federal or Fee Indian	Contr
Location	
0 700 Courth 1615 The Fact	
Unit Letter 0; 790 Feet From The South Line and 1615 Feet From The East	
To David Land	
Line of Section 16 Township 24N Range 4W , NMPM, Rio Arriba	Count
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)
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to	be sent)
Name of Administration 1 and 1	
El Paso Natural Gas Co. P.O. Box 990, Farmington, New M.	exico
Married and and an invide	
give location of tanks. No March 12, 197	6
f this production is commingled with that from any other lease or pool, give commingling order number:	
COMPLETION DATA	
Oil Well Gas Well New Well Workover Deepen Plug Back Same Res*	v. Diff. Res
Oil Well Can water instruction in a contract	
Designate Type of Completion - (X)	į
Designate Type of Completion - (X) X X	
Designate Type of Completion - (X) X X Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.	<u>.</u>
Designate Type of Completion - (X) X X X Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 12-2-75 12-12-75 2980 2948	
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Designate Type of Completion — (X)	sceed top al
Designate Type of Completion - (X)	vosed top al

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.

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.

TITLE SUPERVISOR DIST. #3

(Title)

4, 1976 (Date)

marate Forms C-164 must be filed for each pact to mail the