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G.S.  
MIN. OFFICE  
A. PORTER  
OIL  
GAS  
FORMATION  
FORMATION OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-314 and C-315  
Effective 1-1-65

JACK A. COLE

P. O. BOX 191, FARMINGTON, NEW MEXICO 87499

Reason(s) for filing (Check proper box)  
New Well ☐ Completion ☐ Change in Ownership ☐ Change in Transporter of: Oil ☒ Gas ☐ Condensate ☐ Other (Please explain)

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name: CHACON AMIGOS Well No.: 8 Pool Name, Including Formation: WEST LINDRITH GALLUP DAKOTA Kind of Lease: JICARILLA State, Federal or Fee: APACHE Lease No.: 360

Location: Unit Letter: G Section: 1850 Township: 22N Range: 3W NMPM, Sandoval County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Signature of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent): P. O. BOX 256, FARMINGTON, NM 87499

Signature of Authorized Transporter of Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent): P. O. BOX 990, FARMINGTON, NM 87499

Well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

Completion Data

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.

Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.

Observations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth

Observations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

I. 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 Date of Test Producing Method (Flow, pump, gas lift, etc.)

Length of Test Tubing Pressure Casing Pressure Choke Size

Net Prod. During Test Oil - Bbls. Water - Bbls.

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) DIST. 3

CERTIFICATE OF COMPLIANCE:

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.

OPERATOR (Signature) (Title) October 23, 1984

OIL CONSERVATION COMMISSION

APPROVED BY TITLE

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 deviated 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 conditions.