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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator El Paso Exploration Company	
Address 1800 Wilco Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Odessa Natural Corporation - P. O. Box 3908 - Odessa, Texas 79760

DESCRIPTION OF WELL AND LEASE		
Lease Name Chacon Jicarilla "D"	Lease No. 412	Well No. 2
Pool Name, including Formation Chacon Dakota Associated		Kind of Lease Jicarilla
		State, Federal or Fee Apache
Location		
Unit Letter <u>I</u> ; <u>1777</u> Feet From The <u>South</u> Line and <u>980</u> Feet From The <u>East</u>		
Line of Section <u>16</u> Township <u>23N</u> Range <u>3W</u> , NMPM, <u>Rio Arriba</u> County		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Giant Refinery, Inc.	Petroleum Plaza Bldg. Suite 238	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	3535 E. 30th Street Farmington, N.M. 87401	
El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent)	
	P. O. Box 1492 (Attn: Prod. Control)	
	El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	I	16
	23N	3W
	Is gas actually connected? Yes	
	When 3-26-76	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA		
Designate Type of Completion - (X)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay
Perforations	Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET

7. 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)

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

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

1. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION
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.		APPROVED <u>APR 20 1981</u> , 19____
<u>Ernesto Lucas</u> (Signature) Supervisor, Production Records (Title) <u>April 4, 1981</u> (Date)		BY <u>Original Signed by EDWIN E. CHAVEZ</u> 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 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 owner, 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.