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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

B.K.

I. Operator
Dave M. Thomas, Jr.
Address
P. O. Box 2026, Farmington, New Mexico, 87401
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name Chacon Jicarilla Well No. 6 Pool Name, Including Formation Chacon Dakota Associated Kind of Lease Jicarilla Lease No. 413
Apache "D" State, Federal or Fee Indian
Location
Unit Letter M : 790 Feet From The South Line and 790 Feet From The West
Line of Section 14 Township 23N Range 3W, NMPM, Rio Arriba County

III. 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)
Permian Corporation P. O. Box 1702, Farmington NM 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co P. O. Box 990, Farmington NM 87401
If well produces oil or liquids, give location of tanks. Unit M Sec. 14 Twp. 23N Rge. 4W Is gas actually connected? No When Unknown

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

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well X Gas Well New Well X Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded 4-11-78 Date Compl. Ready to Prod. 5-24-78 Total Depth 7484' P.B.T.D. 7416'
Elevations (DF, RKB, RT, GR, etc.) 7308' K.B. Name of Producing Formation Dakota Top Oil/Gas Pay 7250' Tubing Depth 7280'
Perforations 7250'-7304', 7370'-7390' Depth Casing Shoe 7484'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12-1/4 8-5/8" 261 275 SXS
7-7/8 4-1/2" 7484 750 SXS
2-3/8" 7280

V. 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)

OIL WELL
Date First New Oil Run To Tanks 6-6-78 Date of Test 7-17-78 Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hrs. Tubing Pressure 120 Casing Pressure 500 Choke Size 3/4"
Actual Prod. During Test Oil-Bbls. 90 Water-Bbls. -0- Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. 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.
FOR: Dave M. Thomas, Jr.

Ewell N. Walsh, (Signature) P.E., President
Walsh Engineering & Production Corp.
(Title)

7-25-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED 1273, 19

BY Original Signed by A. E. Hendrick

TITLE SUPERVISOR

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.