Dam C+154 Supervides Old C-104 and C-1 Literative 1-1-65 REQUEST FOR ALLOWABLE 1 11 E U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND ILFICE ORTER API 30-039-21990 PHONATION OFFI Cueralot DAVE M. THOMAS, JR. Address P.O. Box 2026 Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (l'lease explain) Change in Transporter of: Recompletion Dry Gas Charge in Ownership Castnahead Gas Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE. | Well No. | Pool Name, Including Formation Contract Kind of Lease Jicarilla State, Federal or FeeApache Legse No. Chacon Jicarilla Apache D 7 Chacon Dakota Associated No. 413 Location South_Line and 1840 1850 West Unit Letter Feet From The Feet From The 15 23N 3W Rio Arriba Range Township , NMPM, Line of Section County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Cil | | or Condensate | | Address (Give address to which approved copy of this form is to be sent) Merit Oil Company 300 W. Arrington Farmington, N.M. 8 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas X or Dry Gas P.O. Box 990 Farmington, N.M. El Paso Natural Gas Company When Sec. P.ge. Unit Is gas actually connected? If well produces ail or liquids, give location of tanks. K 15 23N 3W No Unknown If this production is commingled with that from any other lease or pool, give commingling order numbers IV. COMPLETION DATA Oil Well Plug Back | Same Res'v. Diff. Res'v. Gas Well New Well Workover Deepen Designate Type of Completion - (X) X X Date Compl. Ready to Pred. Total Depth P.B.T.D. Date Spudded 5/3/79 5/28/79 7735' 7602' Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oll/Gas Pay Tubing Depth 7398' K.B. 7342' Dakota 7411' Depth Casing Shoe Perforations 7342'-7389', 7453'-7473' 7661' TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE 8-5/8 " 4-1/2" SACKS CEMENT HOLE SIZE DEPTH SET 12-1/4 275 sacks 2781 7-7/8 7661<u>'</u> 600 sacks 2-3/8" 7411' 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 Producing Method (Flow, pump, gas lift, etc.) w Oil Run To Tanks Date of Test Date First Nev 6/9/79 6/13/79 Flow Length of Teet 24 hours ubing Pressure Casing Pressure Choke Size 680 psig 3/4" 250 psig Water - Bble. Gas - MCF Oil-Bble. Actual Prod. During Test 100 -0-570 **GAS WELL** Actual Frod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity Testing Method (pitot, back pr.) Tubing Fressure (Shut-in) Casing Pressure (Shut-in) Choke S OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE 1319/9 By Original Signed by A. R. Kendricz 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. SUPERVISOR DISTRICT # 3 TITLE __ FOR: DAVE M. THOMAS, eall This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111. Ewell N. Walsh, P.E. (Signature) President Walsh Engineering & Production Corp. All sections of this form must be filled out completely for allowable on new and recompleted wells. 6/27/79 (Tule) Fill out only Sections 1, 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.