

DISTRIBUTION	
STATE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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-11
Effective 1-1-65

B.K.

Operator Dave M. Thomas, Jr.	
Address P.O. Box 2026, Farmington, New Mexico 87401	
Reason(s) for filing (check proper box):	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chacon Jicarilla Apache "D"	Well No. 10	Pool Name, including Formation Chacon Dakota Assoc.	Kind of Lease Jicarilla State, Federal or Fee	Lease No. Contract No. 412
Location				
Unit Letter N	790'	Feet From The south	Line and 1850'	Feet From The west
Line of Section 16	Township 23N	Range 3W	NMPM,	Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Merit Oil Company	Address (Give address to which approved copy of this form is to be sent) 300 W. Arrington, Suite 300 Farmington, N.M. 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, N.M. 87401					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 16	Twp. 23N	Rge. 3W	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2-14-80	Date Compl. Ready to Prod. 5-11-80		Total Depth 7698		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Dakota		Top Oil/Gas Pay 7360		Tubing Depth 7613			
Perforations 7360'-7394'; 7402'-7410'; 7428'-7432'; 7476'-7496'					Depth Casing Shoe 7334			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		275'		275			
7-7/8"	4-1/2"		7697'		615			
	2-3/8"		7334'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL 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 5-13-80	Date of Test 5-25-80	Producing Method (Flow, pump, gas lift, etc.) Flowing
Length of Test 24 hours	Tubing Pressure 200	Casing Pressure 1800
Actual Prod. During Test	Oil-Bbls. 900	Water-Bbls. -0-
		Gas-MCF 900

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.
ORIGINAL SIGNED BY
EWELL N. WALSH

Ewell N. Walsh, P.E. President
Walsh Engineering & Production Corp.

(Title)
6-2-80

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 16 1980, 19

BY Original Signed by FRANK J. CHAVEZ
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.