	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRA: BORTER GAS OPERATOR	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE APP ANSPORT OIL AND NATURAL .	Bum C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 GAS
I.	PROBATION OFFICE Operator DAVE M. THOMAS, JR. Address P. O. Box 2026 Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) New We!! Change in Transporter of: Effective June 1, 1981			
	Recompletion Change in Ownership	Cil A Dry Go Casinghead Gas Conde	"" <u> </u>	· · · · · · · · · · · · · · · · · · ·
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND I Lease Name Chacon Jicarilla Apache "D Location Unit Letter N; 790	" 10 Chacon Dako	ta Assoc. State, Fede	n The West
	Line of Section 16 Tow	mship 23N Range	3W , NMPM, Ric	o Arriba County
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Permian Corporation Name of Authorized Transporter of Cas	or Condensate	P.O. Box 1702 Farm:	roved copy of this form is to be sent; ington, N.M. 87401 roved copy of this form is to be sent;
	El Paso Natural Ga	us Company Unit Sec. Twp. Rge.	P.O. Box 990 Farm	
	give location of tanks. If this production is commingled wit	<u></u>		541, 17 1500
IV.	COMPLETION DATA Designate Type of Completion	on - (X) Gas Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod. Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
	Perforations	<u>.</u>		Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V.	TEST DATA AND REQUEST FOOL WELL	OR ALLOWABLE (Test must be able for this d	lepth or be for full 24 hours)	il and must be equal to or exceed top allow
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, sag	
	Length of Test	Tubing Pressure	Casing Pressure	TIMED /
	Actual Prod. During Teet	Oil-Bbla.	Water-Bbis.	N 4 ca. 1981
	OIL CON. COM. DIST. 3			
	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 COMPLIAN			VATION COMMISSION
	I hereby certify that the rules and a Commission have been complied w	regulations of the Oil Conservation with and that the information given	APPROVED	nal Signed by FRANK T chares

BY.

TITLE .

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.

DAVE M. THOMAS, JR. FOR:

Blancett Dewayne Blancett Dewayne Blancett Signature Production Foreman Walsh Engineering & Production Corp.

(Date)

(Title) 6/3/81

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drille, or despend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

SUPERVISOR DISTRICT

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.