The second secon	4		
The state of the s		CONSERVATION COMMISSION FOR ALLOWABLE AND	Firm C+104 Supersedes Old C+104 and C+1 Lifective 1-1-65
U.S.G.S. LAND OFFICE  IRA: "ORTER OR. GAS	AUTHORIZATION TO TR	ANSPORT OIL AND IMPURAL	B.K.
OPERATOR PROPATION OFFICE	-		
Operator	TD -		
DAVE M. THOMAS,	UK.		
P. O. Box 2026	Farmington, New	w Mexico 87401	
Reason(s) for living (Check proper box		Other (Please explain)	
tiew Well A	Change in Transporter of:  OII Dry G	as [	
Change In Ownership	Castryhead Gas Conde	ersate	
If change of ownership give name and address of previous owner			
I. DESCRIPTION OF WELL AND	LEASE	Formation   Kind of Lea	se Jicarilla Leose No.
Amerada Jicarilla	Well No. Pool Name, Including I  2 Chacon Dake	State Feder	
_	O Feet From The North Li	ne and 790 Feet From	The West
Line of Section 11 To	waship 23N Range	3W , NMPM,	Rio Arriba County
I. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS Andress (Give address to which appr	coved conv of this form is to be sent)
Name of Authorized Transporter of Or Merit Oil Company	or Condensate	Wadiese (Gine anniese to museu abb.	Farmington, N.M.87401
Name of Authorized Transporter of Castnighead Gas K or Dry Gas		Address (Give address to which appr	roved copy of this form is to be sent)
El Paso Natural Ga	s Company	P.O. Box 990, Farm	Ington, N.M. 8/4UI
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Fige. D 11 23N 3W	No !	Unknown
If this production is commingled w	ith that from any other lease or pool	, give commingling order number:	
V. COMPLETION DATA  Designate Type of Completi	ion - (X)   Gas Well   Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v
Date Spudded 8/15/80	Date Compl. Ready to Prod. 9/10/80	Total Depth 7556	P.B.T.D. 7450'
Elevations (DF, RKB, RT, GR, etc.) 7161 KB	Name of Producing Formation Dakota	Top O:1/Gas Pay 7327 '	Tubing Depth 7533 1
Perforations 71061 72221 72291 72	41'; 7315'-7322'; 7324'-7	7327 '	Depth Casing Shoo
/196 = 7233 ; 7236 = 72		ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" 4-1/2"	7533'	sacks
7-7/8"	4-1/2	1333	
	2-3/8"	7299'	10 Td mis be equal to or exceed top allow
V. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be able for this	after recovery of total volume of load of depth or be for full 24 hours)	CON COM
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump 19)	DIST. 3
10/3/80	10/4/80	Flowing Casing Pressure	Choke Size
Length of Test 24 hrs.	50 psig	100 psiq	3/4"
Actual Pred. During Test	Oil-Bbls. 80	Water - Bbls0-	CONSMICE.
l	1		
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
	NCF	OIL_CONSER'	VATION COMMISSION
I. CERTIFICATE OF COMPLIANCE		APPROVED OCI 10	1980 OCT 1.0,1981
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.		Original Signed by CHARLES GHOLSON	

DAVE M. THOMGINAL SIGNED BY FOR: EWELL N. WALSH

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

(Dute)

10/7/80

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #5

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despensivell, 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 multiple completed wells.