

UNITED STATES DEPARTMENT OF THE INTERIOR
 BUREAU OF LAND MANAGEMENT
 SANTA FE
 FILE
 U.S.G.S.
 LAND OFFICE
 TRANSPORTER
 OIL
 GAS
 OPERATING
 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-1
 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 ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
 Recompletion ☐ Casinghead Gas ☐ Condensate ☐
 Change in Ownership ☐ Other (Please explain)

If change of ownership give name
 and address of previous owner

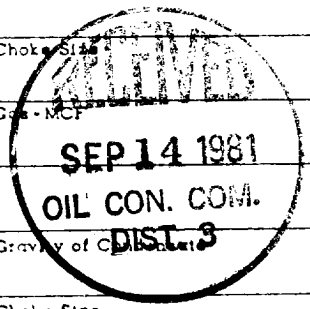
II. DESCRIPTION OF WELL AND LEASE
 Lease Name: Amerada Jicarilla Well No.: 3 Pool Name, including Formation: Chacon Dakota Assoc. Kind of Lease: Jicarilla State, Federal or Fee: Apache Lease No.: 167
 Location: Unit Letter: D ; 880 Feet From The North Line and 990 Feet From The West
 Line of Section: 2 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): Inland Oil Company P.O. Box 1528, Farmington, N.M. 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 Company P.O. Box 990, Farmington, N.M. 87401
 If well produces oil or liquids, give location of tanks: Unit: D Sec.: 2 Twp.: 23N Rge.: 3W Is gas actually connected? Yes When: 9/9/81

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

V. COMPLETION DATA
 Designate Type of Completion - (X)
 Date Spudded: Date Compl. Ready to Prod.: Total Depth: P.B.T.D.:
 Elevations (DF, RKB, RT, GR, etc.): Name of Producing Formation: Top Oil/Gas Pay: Tubing Depth:
 Perforations: Depth Casing Shoe:
 TUBING, CASING, AND CEMENTING RECORD
 HOLE SIZE: CASING & TUBING SIZE: DEPTH SET: SACKS CEMENT:

VI. 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: Date of Test: Producing Method (Flow, pump, gas lift, etc.):
 Length of Test: Tubing Pressure: Casing Pressure: Choke Size:
 Actual Prod. During Test: Oil - Bbls.: Water - Bbls.: 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:



VII. 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, PE (Signature) President Walsh Engineering & Production Corp.
 9/11/81 (Date)
 OIL CONSERVATION COMMISSION
 SEP 14 1981
 APPROVED BY: Original Signed by FRANK T. CHAVEZ
 TITLE: SUPERVISOR DISTRICT # 3
 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.