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State of New Mexico Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT III 1000 Rio Brazos Rd., Artec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		TOTHA	NOP	OH! UIL	ANU NA	TURALGA	Weil A	DI No		<del></del>	
Operator							1		. ၁		
DAVE M. THOMAS, JR.							300	39 2414	CEL	WER	
Address								IN R	ULI	AR	
P. O. BOX 2026, FARMIN	IGTON,	NM 874	99-	2026							
Reason(s) for Filing (Check proper box)					∐ Où	ner (Please expl	ain)	ΔΕ	R2 019	ag 🗀 📗	
New Watt										)	
Reconspletion U Oil U Dry Gas U						OIL CON. DIV					
Change in Operator Casinghead Gas Condensate											
If change of operator give name and address of previous operator L/F agritaine, clue.											
and address or previous operator	<del>-/-/</del>	<u> </u>	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
II. DESCRIPTION OF WELL A	AND LE										
Lease Name		1	t		ng Fontation		I Canan	f Larso INI Fodoral on Fo	1	ease No.	
CHACON JICARILLA APACE	IE "D"	11	LI	NDRITH (	GALLUP-I	DAKOTA WE	ST State,	Federal or Fe	-	413	
Location										]	
Unit Letter	. 400	)	Feet F	mm Tae_N	ORTH Lin	se and 15	00 Fe	et From The	WEST	Line	
										į	
Section — 14 — Township	23N		Range	3W	. , N	MPM,	RIO ARRI	BA		County	
III. DESIGNATION OF TRANS	SPORTE	R OF O	L A	D NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
GIANT REFINING CO.	ليهيا			Ш	P. 0.1	30X 256,	FARMING	ON, NM	87499		
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)											
i NA		لسميب	•						_		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rga.	Is gas actual	iy connected?	When	?			
give location of tanks.	D		23N	i 3W	NO	-	İ				
If this production is commingied with that f	rom any oti	ner lease or	pool. g	ve comminal	ing order num	nber: NO					
IV. COMPLETION DATA	,		r, <i>6</i>					<del></del>			
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	· (X)	i X	i	O15 VII	X	1	1		İ	i	
Date Spudded			Prod.		Total Deptin		_L	P.B.T.D.	.t		
OCTOBER 7, 1987	Date Compl. Ready to Prod. FEBRUARY 14, 1988				9681' MD=7317'TVS			SAME			
						Top Oil/Gas Fay			Tubing Depth		
	That of Trooperat Tollington				4 -	· ' '			1		
7290' GR DAKOTA						7540 MD DST   Depth Casing Shoe					
Performions  ODEN HOLE 75/// MD TO 06911 MD						1			7" AT 7544' MD		
OPEN HOLE 7544' MD TO 9681' MD											
1					CEMENTING RECORD			010//005//51/7			
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
17 1/2	13 3/8" - 72 & 61 PPF				5420' MD			2370 SX			
8 1/2 ·	7" - 23 PPF			7544 MD			828 SX				
8 1/2	5" - 18 PPG				LINER 7233'T09662' MD			NOT CEMENTED			
		278			<i>&gt;</i>	1075					
V. TEST DATA AND REQUES	T FOR A	ALLOW	ABLE	E						,	
OIL WELL (Test must be after re	covery of to	otal volume	of loca	oil and must	be equal to o	r exceed top all	owable for this	depth or be	for Juli 24 hou	rs.)	
Date First New Oil Run To Tank	ank Date of Test					Method (Flow, p	ump, gas lift, e	ic.)			
2/14/88	3/4/88				PUMP						
Length of Test	Tubing Pressure				Casing Pres	Casing Pressure			Choke Size		
24 HOURS	25 PSIG				25 PSIG			2"			
Actual Prod. During Test	Oil - Bbis.			Water - Bbls.			Gas- MCF				
	10				0			6			
GAS WELL					T601- 0			Gravity of	Ondensate		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Glavity of V			
NA								Chake Size	Choke Size		
Testing Method (puot, back pr.)	Tubing Pr	essure (Shut	-in)		Casing Pres	sure (Shut-in)		Choke Size		1	
					ļ						
VI. OPERATOR CERTIFIC	ATE OF	COME	LIA	NCE		a aa.	.0551	A TION	רוא מכוכ	NN 1	
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above						Data Approved APR 2 0 1989					
is true and complete to the best of my knowledge and belief.					Dat	e Approve	ed A	211 % (	<u>/ 1583</u>		
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Jene Roads						٨.:_!_	] <b>c</b> :. 11	FD 4 + 100 -			
<del></del>					By_	By Original Signed by FRANK T CHAVET					
Signature JOYCE RODDY OFFICE MANAGER											
Printed Name Title					Title		SUPERVISOR	DISTRICT	•		
4/19/89 (505) 325-5750											
Date		Tele	phone	No.			w 1				
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.