

NO. OF COPIES RECEIVED		4
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR		
PRORATION 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-110
Effective 1-1-65

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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chacon Jicarilla	Well No. 9	Pool Name, Including Formation Ballard Pictured Cliffs	Kind of Lease State, Federal or Fee Indian	Lease No. Contract # 413
Location Unit Letter L : 1850 Feet From The South Line and 1190 Feet From The West				
Line of Section 23 Township 23N Range 3W, NMPM, Sandoval County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
					NO	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
		XX	XX					
Date Spudded 4-12-77	Date Compl. Ready to Prod. 5-11-77		Total Depth 3300'		P.B.T.D. 3267'			
Elevations (DF, RKB, RT, GR, etc.) 7559'KB	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 3186'		Tubing Depth 3101'			
Perforations 3186'-3202', 3206'-3209', 3221'-3224'					Depth Casing Shoe 3287'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8-5/8"		135'		125 SXS			
7-7/8"	4 1/2"		3287'		175 SXS			
	1 1/2"		3101'					

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	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 Flowing Pressure, tbq-230 psig, csq-445 psig

Actual Prod. Test-MCF/D 3/4-2992, CAOF-4344	Length of Test 3 hrs.	Ebls. Condensate/MMCF -0-	Gravity of Condensate -----
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 740 psig	Casing Pressure (Shut-in) 755 psig	Choke Size 3/4"

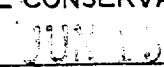
VI. CERTIFICATE OF COMPLIANCE

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.


(Signature)
Ewell N. Walsh, P.E., President,
(Title)
Walsh Engr. & Prod. Corp.
(Date)

June 10, 1977

OIL CONSERVATION COMMISSION

APPROVED , 19
Original Signed by A. R. Kendrick
BY
TITLE SUPERVISOR DIST. #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.