Form C+164
Supervelex (iii) C+10x and
Elfortive 4-4-65

	OPENA IN Z			API :	30-043-20374	
•	Dave M. Thomas, Jr.					
	vitess					
	P.O. Box 2026, Farm		87401			
	Reasons, for tiling (Check proper box) Change in Transporter of:	Other (Please ex	plain)		
	Recompletion Cil Dry Gas					
	Change in Ownership	Casinghead Gas Conde	nsate 🔛			
	If change of ownership give name and address of previous owner					
Ħ.	DESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, Including F	ormation Kt	nd of Lease Jicai	Contrac	
	Lease Name Chacon Jicarilla Apache "D		ta Associated Sto	ulcai ne, Federal or Fee Ai	pache 55-A	
	Unit Letter C ; 790' Feet From The North Line and 1850 Feet From The West					
	Line of Section 35 Township 23N Range 3W , NMPM, Sandoval				County	
ın.	. DESIGNATION OF THANSPORTER OF OIL AND NATURAL GAS					
	Name of Authorized Transporter of Cil 😿 or Condensate 🗌 Address (Give address to which approved copy of this form is to be s					
	Permian Corporation P.O. Box 1702, Farmingto		Farmington hich approved copy of	his form is to be sent)		
	El Paso Natural Gas	Natural Gas Company P.O. Box 990, Farmington, Unit Sec. Twp. Pige. Is gas getually connected? When		, NM 87401		
	If well produces oil or liquids, give location of tanks.	produces oil or liquids,		When Unknowi	_	
	If this production is commingled with that from any other lease or pool, give commingling order number:					
IV.	COMPLETION DATA	Oil Well Gas Well			k Same Res'v. Diff. Res'v.	
	Designate Type of Completic	Date Compl. Ready to Prod.	X ! ! ! Total Depth	P.B.T.D.		
	11-20-78	1-16-79	7493'	į.	80'	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing D		
	7323 KB	Dakota	7150	714 Depth Ca	48 sing Shoe	
	7099-7150, 7212-7216, 7218-7222, 7225-7238 7437					
	HOLE SIZE	TUBING, CASING, AND	DEPTH SET		SACKS CEMENT	
	12 1/4	8 5/8	272'		250	
	7 7/8	4 1/2	7437'		720	
		2 3/8	7148'			
V.	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or eable for this depth or be for full 24 hours)				equal to or exceed top allow-	
	OII. WELL Date Fire: New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)			
	1-26-79	2-4-79 Tubing Pressure	Flow Casing Pressure	Choke Siz	20	
	24 Hours	700 PSIG	1300 PSIG	3/4		
	Actual Prod. During Test	OII-Bbls.	Water-Bble.	Ga•-MCF 890	C. L. Walter	
		1 90			1	
:	GAS WELL Actual Frod. Test-NOF/D Length of Test		Bbls. Condensate/MMCF	Gravity o	1 Condensate	
į	Acted. F152. Cutton Strip	Length of 102.			011	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in	Choke Siz	10 San	
·1.	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		OIL CONSERVATION COMMISSION FEB 1 4 1979 APPROVED Original Signed by A. R. Kendrick			
	above is true and complete to the best of my knowledge and belief. For: Dave M. Thomas Jr.		SUPERVISOR DIST. #3			
_	Touch Coll 10 Doch		TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend 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.			
	Ewell N. Walsh, P'E'.					
	President Walsh Engineering and					
	Production Corp. (Tule)		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.			
	(Du					