

SANTA FE
FILE
U.S.G.S.
LAND FILE
TRANSPORTER OIL GAS
OPERATOR
PRODUCTION OFFICE

REQUEST FOR ALLOWABLE
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old 1-114 and 1-115
Effective 1-1-83

RECEIVED
FEB 07 1984
OIL CON. DIV.
DIST. 3

Operator
Dave M. Thomas, Jr.

Address
P. O. Box 2026, Farmington, New Mexico 87499

Reason(s) for filing (check proper box)
 New Well Change in Transporter of:
 Recombination Oil Dry Gas
 Change in Ownership Costinghead Gas Condensate Effective March 1, 1984

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
 Lease Name: Chacon Jicarilla Apache "D" Well No.: 103 Pool Name, including Formation: Chacon Dakota Assoc.
 Kind of Lease: Jicarilla State, Federal or Fee: Apache CONTRACT: 55-A
 Location: 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

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
 Giant Refining Company Address (Give address to which approved copy of this form is to be sent)
 P. O. Box 256, Farmington, New Mexico 87499
 Name of Authorized Transporter of Costinghead Gas or Dry Gas
 El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent)
 P. O. Box 990, Farmington, New Mexico 87499
 If well produces oil or liquids, give location of tanks: Unit C, Sec. 35, Twp. 23N, Rge. 3W
 Is gas actually connected? When

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

COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
 Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
 Elevations (DF, RKB, RT, CR, 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

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
 Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MCF Gravity of Condensate
 Testing Method (pilot, back pr.) Tubing Pressure (shot-in) Casing Pressure (shot-in) Choke Size

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.
 Dawnayne Blenett (Signature)
 Production Superintendent (Title)
 February 1, 1984 (Date)

OIL CONSERVATION COMMISSION
 FEB 07 1984
 APPROVED BY Original Signed by FRANK T. CHAVEZ
 SUPERVISOR DISTRICT # 3
 TITLE
 This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devils tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all wells on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of owner name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multi-completed wells.