

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and is
Effective 1-1-67

B.K.

API 30-043-20423

U.S.G.S.
LAND OFFICE
TRANSPORTER
OPERATOR
PRODUCTION OFFICE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 oil: <input type="checkbox"/>
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 Apache "D"	Well No. 104	Pool Name, including Formation Chacon Dakota Associated	Kind of Lease Jicarilla Indian	Lease No. Contract No. 55-A
Location Unit Letter M : 790 Feet From The South Line and 790 Feet From The West				
Line of Section 25 Township 23N Range 3W , NMPM, Sandoval County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Merit Oil Company	Address (Give address to which approved copy of this form is to be sent) 300 W. Arrington, Farmington, N.M. 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" 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 M Sec. 25 Twp. 23N Rge. 3W	Is gas actually connected? No When 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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 4/15/79	Date Compl. Ready to Prod. 5/9/79		Total Depth 7555'		P.B.T.D. 7389'			
Elevations (OF, KKB, RT, CR, etc.) 7365' K.B.	Name of Producing Formation Dakota		Top Oil/Gas Pay 7168'		Tubing Depth 7172'			
Perforations 7168'-7216', 7282'-7294', & 7298'-7304'					Depth Casing Shoe 7519'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8-1/2"	5-5/8"		232'		250 sacks			
7-7/8"	4-1/2"		7519'		710 sacks			
	2-3/8"		7172'					

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 of Test 5/15/79	Date of Test 5/21/79	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 200	Casing Pressure 300	Choke Size 3/4"
Actual Prod. During Test	Oil-Bbls. 100	Water-Bbls. -0-	Gas-MCF 200

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

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.**

Ewell N. Walsh, P.E. (Signature) President
Walsh Engineering & Production Corporation

5/24/79

(Date)

OIL CONSERVATION COMMISSION

MAY 24 1979

APPROVED _____

BY **Original Signed by A. R. Kendrick**

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.