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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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-111
Effective 1-1-65

API 30-043-20426

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

Contract

Lease Name Chacon Jicarilla Apache "D"	Well No. 107	Pool Name, including Formation Chacon Dakota Associated	Kind of Lease Jicarilla State, Federal or Fee Apache	Lease No. No. 55-A
Location Unit Letter D : 990 Feet From The North 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702, Farmington, N.M. 87401	
Name of Authorized Transporter of Casinghead Gas <input checked="" 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 D 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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6/28/79	Date Compl. Ready to Prod. 7/20/79	Total Depth 7681'	P.B.T.D. 7577'					
Elevations (DF, RKB, RT, CR, etc.) 7417' K.B.	Name of Producing Formation Dakota	Top Oil/Gas Pay 7274'	Tubing Depth 7303'					
Perforations 7274'-7322', 7393'-7407'			Depth Casing Shoe 7645'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	233'	250 sacks					
7-7/8"	4-1/2"	7645'	615 sacks					
	2-3/8"	7302						

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 9/18/79	Date of Test 9/18/79	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hr.	Tubing Pressure 95 psig	Casing Pressure 50 psig	Choke Size 3/4"
Actual Prod. During Test	Oil - Bbls. 90	Water - Bbls. -0-	Gas - MCF 50

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.
ORIGINAL SIGNED BY
EWELL N. WALSH

Ewell N. Walsh, P.E. President
Walsh Engineering & Prod. Corp.

9/21/79

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY _____ Original Signed by _____

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.