	SANTA FL.  FILE  U.S.G.S.  LAND OFFICE  IRA ORTER GAS /  OPERATOR 22	REQUEST	ONSCRYATION COMMISSION FOR ALLOWABLE APP NSPORT OIL AND NATURAL G	Firm ( -1114	
1.	DAVE M. THOMAS,  Address  P. O. Box 2026  Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership.	Farmington, N.M. 8	7		
•	If change of ownership give name and address of previous owner			Contract	
11.	DESCRIPTION OF WELL AND I Lease Name Chacon  Jicarilla Apache "D"  Location  Unit Letter L : 1850	Well No. Pool Name, including to	e and 980' Feet From T	or FeeApache No. 55-	
	Zine of Section	mship 23N Range	JW , NMPM,	doval County	
	Name of Authorized Transporter of Oil Merit Oil Company		Andress (Give address to which approve	armington, N.M. 87401	
	Name of Authorized Transporter of Cas El Paso Natural Gas	Company  Unit Sec. Twp. Rge.	P.O. Box 990, Farming Is gas actually connected?	ngton, N.M. 87401	
	If well produces oil or liquids, give location of tanks.	L 36 23N 3W	No	Unknown	
	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Col Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same Res'v.   Diff. Res'v.    Designate Type of Completion - (X)   X   X   X				
	Date Spudded 7/31/79	Date Compl. Ready to Prod. 8/31/79	Total Depth 7380'	P.B.T.D. 7142 '	
	Elevations (DF, RKB, RT, CR, etc.) 7245 K.B.	Name of Producing Formation Dakota	7016'	Tubing Depth 7046  Depth Casing Shoo	
	7016'-7046', 7064'-7068', 7071'-7078', 7120'-7130', 7136'-7142' 7347'  TUBING, CASING, AND CEMENTING RECORD				
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12-1/4"	8-5/8"	260'	250 sacks	
	7-7/8"	4-1/2"	7347'	630 sacks	
	7 110				
		2-3/8"	7046'		
V.		TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all oble for this depth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	fi, etc.)	
	9/3/79	9/12/79	Flowing	Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure	3/4"	
	24 hrs.	400 psig	1200 psig	Gda-MCF	
	Actual Prod. During Test	200	-0-	440	
	GAS WELL Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressue (Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION		
		regulations of the Oil Conservation with and that the information given	APPROVED		
	above is true and complete to the	e best of my knowledge and belief.	CHDEPWISOR DISTRICT IF 3		

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly dillet 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 sllow-able 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.

FOR: DAVE M.

Dewayne Blancett,

9/24/79

THOMAS, JR.

(Date)

Walsh Engineering & Production Corp.

Consett (Signature Production Foreman