

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
SUBJECT		REQUEST FOR ALLOWABLE			
FILE		AND			
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		OIL GAS			
OPERATOR					
PROGRATION OFFICE					
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					
DESCRIPTION OF WELL AND LEASE					
Lease Name Chacon		Well No. 9		Pool Name, Including Formation Chacon Dakota Associated	
Jicarilla Apache "D"				Kind of Lease Jicarilla	
				State, Federal or Fee Apache	
Location				Lease No. No. 413	
Unit Letter O		790		Feet From The South Line and 1850 Feet From The East	
Line of Section 23		Township 23N		Range 3W, NMPM, Sandoval County	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent) N.M.			
Merit Oil Company		300 W. Arrington, Suite 300, Farmington			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas company		P. O. Box 990 Farmington, N.M. 87401			
If well produces oil or liquids, give location of tanks.		Unit O		Sec. 23	
		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:					
COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well X		Gas Well	
		New Well X		Workover	
		Deepen		Plug Back	
		Same Res'v.		Diff. Res'v.	
Date Spudded 1/26/80		Date Compl. Ready to Prod. 6/1/80		Total Depth 7705'	
Elevations (DF, RKB, RT, GR, etc.) 7451' KB		Name of Producing Formation Dakota		Top Oil/Gas Pay 7339'	
Perforations 7339'-7384'; 739; '-7405'; 7423'-7427'; 7452'-7472'				Tubing Depth 7669'	
				Depth Casing Shoe 7315'	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
12-1/4"		8-5/8"		283'	
7-7/8"		4-1/2"		7703'	
		2-3/8"		7315'	
SACKS CEMENT					
250 sacks					
615 sacks					
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 6/20/80		Date of Test 6/22/80		Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.		Tubing Pressure 200 psig		Casing Pressure 800 psig	
Actual Prod. During Test		Oil-Bbls. 190		Water-Bble. -0-	
				Choke Size 3/4"	
				Gas-MCF 150	
GAS WELL					
Actual Prod. Test-MCF/D		Length of Test		Bble. Condensate/MMCF	
				Gravity of Condensate	
Testing Method (pilot, back pr.)		Tubing Pressure (shut-in)		Casing Pressure (shut-in)	
				Choke Size	
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.					
Wayne Blacett (Signature) Prod. Foreman					
Walsh Engineering & Production Corp. (Title)					
6/24/80 (Date)					
OIL CONSERVATION COMMISSION					
APPROVED JUL 21 1980					
Original Signed by FRANK T. CHAVEZ					
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.					