

DISTRIBUTION	
SANTA FE	
FILE	
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-110
Effective 1-1-65

I. OPERATOR

Operator: DAVE M. THOMAS, JR.

Address: P. O. Box 2026 Farmington, New Mexico 87401

Reason(s) for filing (Check proper box):

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Effective June 1, 1981
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
	Dry 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: <u>Chacon Jicarilla Apache "D"</u>	Well No.: <u>9</u>	Pool Name, including Formation: <u>Chacon Dakota Associated</u>	Kind of Lease: <u>Jicarilla Apache</u>	Lease No. Contract No. <u>413</u>
Location: Unit Letter <u>O</u> ; <u>790</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>East</u>				
Line of Section <u>23</u> Township <u>23N</u> Range <u>3W</u> , NMPM, <u>Sandoval</u> 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"/>	<u>Pemian Corporation</u>	Address (Give address to which approved copy of this form is to be sent)	<u>P.O. Box 1702 Farmington, N.M. 87401</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	<u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent)	<u>P.O. Box 990 Farmington, N.M. 87401</u>
If well produces oil or liquids, give location of tanks.	Unit <u>O</u> Sec. <u>23</u> Twp. <u>23N</u> Rge. <u>3W</u>	Is gas actually connected?	<u>YES</u>

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	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 off 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-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. 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.

Dewayne Blancett
Dewayne Blancett (Signature) Production Foreman
Walsh Engineering & Production Corp. (Title)

6/3/81
(Date)

OIL CONSERVATION COMMISSION

JUN 4 1981

APPROVED _____, 19____

BY _____ SUPERVISOR DISTRICT

TITLE _____

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.