DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-11
Effective 1-1-65

RECEIVED
FEB 07 1984
OIL CON. DIV.
DIST. 3

Operator
Dave M. Thomas, Jr.

Address
P. O. Box 2026, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)
New Well [ ]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [XX]
Casinghead Gas [ ]
Dry Gas [ ]
Condensate [ ]

Other (Please explain)
Effective March 1, 1984

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease: State, Federal or Fee	Lease No.
Chacon Jicarilla Apache "D"	108	Chacon Dakota Assoc.	Jicarilla Apache	CONTRACT 55-A

Location
Unit Letter G : 1650 Feet From The North Line and 1850 Feet From The East
Line of Section 26 Township 23N Range 3W, NMPM, Sandoval County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [XX] or Condensate [ ]
Giant Refining Company
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 256, Farmington, New Mexico 87499

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]
El Paso Natural Gas Company
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 990, Farmington, New Mexico 87499

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	26	23N	3W		

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 allowable for this depth or be for full 24 hours)

OIL WELL

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-Bbls.	Water-Bbls.	Gas-MCF

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

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.

Dewayne Blewett
(Signature)
Production Superintendent
(Title)
February 1, 1984
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 07 1984

BY Original Signed by FRANK T. CHAVEZ

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 deepe well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condit

Separate Forms C-104 must be filed for each pool in mult completed wells.