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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AUTH

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

B.K.

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

Lease Name Chacon Jicarilla Apache D	Well No. 109	Pool Name, Including Formation Chacon Dakota Associated	Kind of Lease Jicarilla State, Federal or Fee Apache	Lease No. Contract No.55-A
Location Unit Letter J 1830 Feet From The South Line and 1830 Feet From The East				
Line of Section 26 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"/> Merit Oil Company	Address (Give address to which approved copy of this form is to be sent) 300 W. Arrington, Farmington, N.M. 87401					
Name of Authorized Transporter of Casinghead Gas <input 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 J	Sec. 26	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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6/11/80	Date Compl. Ready to Prod. 8/22/80		Total Depth 7628'		P.B.T.D. 7516'			
Elevations (DF, RKB, RT, GR, etc.) 7408'KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 7233'		Tubing Depth 7235'			
Perforations 7233'-7294'; 7347'-7359'; 7362'-7369'					Depth Casing Shoe 7247'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACRED CEMENT			
12-1/4"	8-5/8"		293'		293'			
7-7/8"	4-1/2"		7592'		7592'			
	2-3/8"		7247'		7247'			

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 to allow-  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 8/25/80	Date of Test 9/6/80	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 375 psig	Casing Pressure 1100 psig	Choke Size 3/4"
Actual Prod. During Test	Oil - Bbls. 75	Water - Bbls. -0-	Gas - MCF 125

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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  
EWEEL N. WALSH

Eweel N. Walsh, P.E. (Signature) President  
Walsh Engineering & Production Corp.

(Title)

9/10/80

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 18 1980, 19

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 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 allow-  
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.