NO. OF COPIES REC	5		
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SANTA FE	<i></i>		
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u.s.g.s.			
LAND OFFICE	İ		
IRANSPORTER	OIL	1	
GA			
OPERATOR	2		

	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  GAS	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL C	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-85	
I.	OPERATOR 2 PRORATION OFFICE Operator				
	DAVIS DRLG.,	INC.			
	Address  AMERICAN STAT	E BANK BLDG., GREAT	Bend. Kansas		
	Reason(s) for filing (Check proper box	)	Other (Please explain)		
	New Well Recompletion	Change in Transporter of:  Oil Dry Ga	s 🔲		
	Change in Ownership X	Casinghead Gas Conden	nsate		
	If change of ownership give name and address of previous owner	CHEVRON OIL COMPAN	Y, P. O. Box 599, DE	NVER, COLORADO	
II.	DESCRIPTION OF WELL AND		me, including Fermation	Kind of Lease	
	Lease Name  JICARILLA ÁPACHE		DER MANCOS	State, Federal or Fee FEDERAL	
	Location			_	
	Unit Letter ; 660	Feet From The NORTH Lin	e and 2310 Feet From	The EAST	
	Line of Section 26 Tov	wnship 28 N Range I	W , NMPM, RIO AR	RIBA County	
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS		
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approx	1	
	SHELL OIL COMPANY Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which approx	ouston, Texas 77001 oed copy of this form is to be sent)	
	None produced		Is gas actually connected? Who		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 26 28 N I W	Is gas actually connected? Who		
	If this production is commingled with	th that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Weil Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completic	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded	Bute Compi. Neday to Fied.	. otal boşti.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations	<u> </u>	<u> </u>	Depth Casing Shoe	
		TURING CASING AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
•	MEGET DAMA AND DECVIEST FO	OP ALLOWARIE (Test must be or	free recovery of total volume of land oil	and must be equal to or exceed top allow-	
٧.	OIL WELL	able for this de	pth or be for full 24 hours)  Producing Method (Flow, pump, gas li		
	Date First New Oil Run To Tanks	Date of fest	producing wethod (r.tow, pamp, gas 1)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas - MCF	
			The state of the s	<u>k</u>	
	GAS WELL		APR Diges		
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Col. e /MMCF	vity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Press We	Choke Size	
VI.	CERTIFICATE OF COMPLIAN		OIL CONSERVA	1967	
	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.		By Original Signed by		
	above is true and complete to the	e best of my knowledge and belief.	יוים ממווס	SQR DIST. # <b>5</b>	
	1, 1, 10				
	1. 1.000 1.4.1	· · · · · · · · · · · · · · · · · · ·	This form is to be filed in compliance with RULE 1194.  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.		
	(Signe	zture) -			
	ATTORNEY-IN-				
			1.5		

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

Form 9-331 (May 1963)

## UNITED STATES SUBMIT IN TRIPLICATE\* Other instructions on reverse side) GEOLOGICAL SURVEY

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

	45.	4	U	,		
•	37	_	T	7	OTE	Ď.

	SUNDRY	NOTICES	AND	<b>REPORTS</b>	ON V	WELLS
(Do not u	se this form fo	or proposals to APPLICATION	drill or to FOR PERI	deepen or plug MIT—" for such	g back to proposals	a different reservoir.

adaged affirm

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  Use "APPLICATION FOR PERMIT—" for such proposals.)	Admiration vibration	
1.	7. UNIT AGREEMENT NAME	
OIL GAS WELL OTHER		
2. NAME OF OPERATOR	8. FARM OR LEASE NAME	
Standard Cil Company of Texas - A Division of Chevron Cil Co.	Jioarilla 4-26	
3. ADDRESS OF OPERATOR	9. WELL NO.	
3610 Avecase S - Snyder, Texas	2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*	10 FIELD AND POOL, OR WILDCAT	
See also space 17 below.) At surface	Boulder Mancos	
	11. SEC., T., R., M., OR BLK. AND SURVEY OR ARBA	
that B; 660' Fal and 2310' Fal of Section 26, T-28-H, R-1-W	Sec. 26 - 28 - 1	
14 PERMIT NO.   15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE	

Or. 7138\*

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16.

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:			
		1			Γ	
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF	REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CASING	[
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING	ABANDON MENT*	
REPAIR WELL		CHANGE PLANS		(Other)	ultiple completion on Well	
(Other) Temperari	Ly	Abandoment	X	(Note: Report results of m Completion or Recompletion	Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Would like to defer permanent abandonment until completing the geological studies currently in progress. The Jicarilla 4-26 #2 is eafely cased and controlled and is periodically checked by field personnel. No hazard will be created by deferring abandonment.

Request approval to leave the well temporarily abandoned.

DIST. 3

ILLEGIBLE

APR 18 1966

U. S. GEOLOGICAL SURVE

SIGNED SIGNED	TITLE District Engineer	DATE 4-14-66
(This space for Federal or State office use)		
APPROVEL BY CONDITIONS OF APPROVAL IF ANY:	TITLE	DATE

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Fed-State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown birdy of will be issued by, or may be obtained from, the local Rederal and/or State office. eral and Indian lands pursuant to applicable Federal law and regulations, if approved or accepted by any State, on all lands in such State, pursuant to applicable

above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site Item 4: If there are no applicable State requirements, locations on rederal or Indian land should be described in accordance with Federal requirements. Consult local Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and conditioned for final inspection looking to approval of the abandonment. State or Federal office for specific instructions,

U.S. GOVERNMENT PRINTING OFFICE : 1963—O-685229

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