

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED FEB 07 1984 OIL CON. DIV. 1 DIST. 3

DISTRICT OFFICE
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL GAS
OPERATOR
PRODUCTION OFFICE

Operator
Dave M. Thomas, Jr.
Address
P. O. Box 2026, Farmington, New Mexico 87499
Reason(s) for filing (Check proper box)
New Well Change in Transporter of: Oil Dry Gas
Recompletion Casinghead Gas Condensate
Change in Ownership 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: Chacon Jicarilla Apache "D" 102 Well No.: 102 Pool Name, including Formation: Chacon Dakota Assoc.
Kind of Lease: Jicarilla State, Federal or Fee: Apache Lease No.: CONTRACT 55-A
Location: Unit Letter D : 990 Feet From The North Line and 800 Feet From The West
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 or Condensate Address (Give address to which approved copy of this form is to be sent)
Giant Refining Company P. O. Box 256, Farmington, New Mexico 87499
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company P. O. Box 990, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks. Unit: D Sec: 26 Twp: 23N Rge: 3W Is gas actually connected? When

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 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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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 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/MCF Gravity of Condensate
Testing Method (pitot, back pr.) Tubing Pressure (shot-in) Casing Pressure (shot-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.
Dwayne Blanchett (Signature)
Production Superintendent (Title)
February 1, 1984 (Date)

OIL CONSERVATION COMMISSION
FEB 07 1984
APPROVED BY Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT # 3
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 deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.