	FILE U.S.G.S. LANT DEFICE (BA: CORTER OIL /				DISERVATION COMMISSION FOR ALLOWABLE AND ISPORT OIL AND NATURAL GAS			Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65	
1.	OPERATOR Z PROBATION OFFICE Operator			-					
	Dave M. Thomas, Jr.								
	P.O. Fox 2026, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) !:ew Well								
	If change of ownership give name and address of previous owner		·			· · . · · · · · · · · · · · · · · · · ·			
11.	DESCRIPTION OF WELL AND LEASE. Lease Name Chacon Jicarillawell No. Pool Name, Including Formation Apache "D" 107 Chacon Dakota Associate State, Federal or Fee Apache No. 55- Lecation North Includes 790 Feet From The West								
	Only Letter								
	<u> </u>		Range	3w	, NMPM,	Sand	loval	County	
III.	Merit Oil Corporation				Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent)				
	El Paso Natural Cas Company			P.O. Eox 990, Farmington, N.M. 87401					
	If well produces oil or liquids, Unit Sec. Twp. P.ge. Is gas actually connected? When give location of tanks. D 25 23N 3W NO Unknown								
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA								
	Designate Type of Completi		Gas Well	New Well	Workover	Deepen	Plug Back Same F	Res'v. Dill. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.		Total Depth	1		P.B.T.D.		
	Elevations (DF, RKB, RT, CR, etc.,	Name of Producing Formation	on	Top O!l/Gas	s Pay		Tubing Depth		
	Perforations Depth Casing Shoe								
	TUBING, CASING, AND CEMENTING RECORD								
	HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
				<u> </u>			<u> </u>		
v.	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)								
	Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lif			i, eic.)			
	Length of Test	Tubing Pressure		Casing Pressure		· · ·	Choke Size		
	Actual Pred. During Test	Cil-Sble.		Water-Bbls.			Gas-MCE		
	I						OCT 1 7 1079		
i	GAS WELL Actual Prod. Test-MCF/D	Length of Test	·	Bble. Conde	negte/MMCF		Cray Of Course		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pres	swe (Shut-i	(a)	Choke Stee	3	
VI VI	CERTIFICATE OF COMPLIAN	CE			OIL C	ONSERVA	TION COMMISSI	ON: 1/2	
	•			APPROVED 00T 1 7 1970 . 19					
	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.			11 .	Original Signed by A. R. Kendrick				
				SUPERVISOR DISTRICT 第 3					
	ORIGINAL SIGNED BY EWELL N. WALSH Ewell N. Walsh (Signature P.E., President,				This form is to be filed in compliance with RULE 1104,				
	Ewell N. Walsh (Sign		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 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.

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

(Title)

October 15, (Dute)