

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

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
 Supersedes Old C-104 and C-  
 Effective 1-1-83

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

Dave M. Thomas, Jr.

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

Reason(s) for filing (Check proper box)  
 New Well ☐ Change in Transporter of:  
 Recompletion ☐ Oil ☒ Dry Gas ☐  
 Change in Ownership ☐ Casinghead 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: Chacon Jicarilla Apache "D" Well No.: 110 Pool Name, including Formation: Chacon Dakota Assoc. Kind of Lease: Jicarilla State, Federal or Fee: Apache Lease No. CONTRACT: 55-A  
 Location: Unit Letter: B : 790 Feet From The North Line and 1850 Feet From The East Line of Section: 35 Township: 23N Range: 3W NMPM, Sandoval County

I. 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: B Sec: 35 Twp: 23N Pge: 3W Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

V. 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, GR, 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

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 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/MMCF Gravity of Condensate  
 Testing Method (prior, back pr.) Tubing Pressure (shot-in) Casing Pressure (shot-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.

Dwayne Blanton

Production Superintendent

February 1, 1984

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 07 1984

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 logs 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 owner, well name or number, or transporter, or other such change of condition.  
 Separate Forms C-104 must be filed for each pool in multiple completed wells.