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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-110
Effective 1-1-65

Operator KEESE & THOMAS	
Address P. O. BOX 2026, FARMINGTON, NEW MEXICO 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner

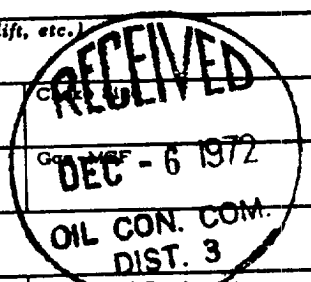
II. DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	JICARILLA	Lease No.	CONTRACT
Lease Name CHACON JICARILLA		3	BALLARD P.C. EXT	State, Federal or Fee		412	
Location							
Unit Letter I : 1850 Feet From The SOUTH Line and 790' Feet From The EAST							
Line of Section 16 Township 23N Range 3W , NMPM, RIO ARRIBA County							

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>							
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)			
EL PASO NATURAL GAS COMPANY				P. O. BOX 990, FARMINGTON, N.M.			
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
						NO	W.O. CONNECTION

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

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)			X	X					
Date Spudded 9-21-72	Date Compl. Ready to Prod. 11-28-72	Total Depth 3285'		P.B.T.D. 3240'					
Elevations (DF, RKB, RT, GR, etc.) 7382 KB	Name of Producing Formation PICTURED CLIFFS	Top Oil/Gas Pay 3173'		Tubing Depth 3190'					
Perforations 3173-78, 3186-92, 3195-98				Depth Casing Shoe 3285'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4		9 5/8		135		60			
7 7/8		4.5		3285		100			
		1 1/2		3190					

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			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.			



GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D 1,045	Length of Test 3 HRS	Casing Pressure (shut-in) 790	Choke Size 3/4
Testing Method (pitot, back pr.) BACK PR.	Tubing Pressure (shut-in) 790		

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.

Emery C. Arnold
(Signature)
PARTNER
(Title)
12-04-72
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 6 1972, 19 1972

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #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 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.