MIL OF LOCALS RECEIVED  DISTINUUS ION  SANTA I C.  FILE	1	ONSERVATION COMMISSION FOR ALLOWABLE	Form C+104 Supervedes Old C+104 and (+1) Effective 1-1-65
U.S.G.S.  LAND OFFICE  IRA- PORTER GAS  OPERATOR	AUTHORIZATION TO TRA	- APD ANSPORT OIL AND NATURAL G	
Operation OFFICE			
DAVE M. THOMAS,	JR.		
Reason(s) for filing (Check proper by New Well  Recompletion	Change in Transporter of:  Cil Dry Ga	Other (Please explain)	
Change in Ownership	Castryhead Gas Conder	3316 []	
and address of previous owner			
DESCRIPTION OF WELL AND Lease Name Chacon Jicaril Apache "D"	lat 11 March Alexander Control of the Control	State, Federal	Jicarilla Leose No.  or Fee Apache No. 412
Location 70	70 Feet From The South Lin		•
16	ownship 23N Range		Arriba County
Name of Authorized Transporter of O	CTER OF OIL AND NATURAL GA	Address (Give address to which approv	
Merit Oil Company  300 W. Arrington, Suite 300, Farmington, N Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sen			
El Paso Natural Gas	Company	P. O. Box 990, Farmingt	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. N 16 23N 3W		uly 2, 1980
	ith that from any other lease or pool,	give commingling order number:	
Designate Type of Completi	on - (X)	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.,	!lame of Producing Formation	Top O!l/Gas Pay	Tubing Depth
Perforations	<u> </u>		Depth Casing Shoo
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			OF PRINCE
TEST DATA AND REQUEST F		(ter recovery of total volume of load oil a pth or be for full 24 hours)	in mus Son squal to or endered op allow-
OII, WELL  Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	CO/4 CO1950
Length of Test	Tubing Pressure	Casing Pressure	Choke \$128 !. 3 191.
Actual Prod. During Test	Oil-Bble.	Water - Bbis.	Gas-MCF
0.40 !!!!!			-
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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 beat of my knowledge and belief.		BY Original Signed by FRANK T. CHAVEZ	

FOR: DAVE M. THOMAS, JR. ORIGINAL SIGNED BY EWELL N. WALSH

11.

III.

IV.

VI.

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

9/4/80

(Title)

(Date)

SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly utilled or despense well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 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.