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DISTRIBUTIO				
SANTA FE	/			
FILE		L		
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
I RANSFORTER	GAS	/		
OPERATOR	4			
PRORATION OF				
Operator				
Chace Oil Compar				
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	DISTRIBUTION SANTA FE FILE U.S.G.S.	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65		
1.	IRANSPORTER OIL GAS / OPERATOR FROMATION OFFICE					
	Chace Oil Company	, Inc.				
	Address 313 Washington, S.E., Albuquerque, New Mexico 87108					
	Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens	Other (Please explain)			
	If change of ownership give name and address of previous owner					
II DESCRIPTION OF WELL AND LEAST						
 -	Lease Name	Well No. Pool Name, including to	1	or Fee Indian 71		
	Location					
	Unit Letter K : 1850	Feet From The WL Line	e and 1850 Feet From Th	ne SL		
Line of Section 3 Township T-23-N Range R-4-W , NMPM, Rio Arriba County						
, 	DESIGNATION OF TRANSPORT	'ER OF OIL AND NATURAL GA	S			
KII.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)		
	Name of Authorized Transporter of Cast	inghead Gas or Dry Gas X	Address (Give address to which approve			
	El Paso Natural Gas	Unit Sec. Twp. P.ge.	El Paso, Texas 7997	8		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Fige.	Yes	12-11-72		
	If this production is commingled with	h that from any other lease or pool,		None		
1V.	Designate Type of Completion		New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	8-28-72	9-19-72 Name of Producing Formation	3100 ' Top-OHI/Gas Pay	3080 Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc., 7260 GR	Pictured Cliffs	2999	3070 Depth Casing Shoe		
	Perforations 3004-3024 3046	-62 2 shots per foo	t	3100 1		
	3004-3024 3040		CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	11" 6½"	8-5/8" 4½"	3098'	80		
	02					
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to able for this depth or be for full 24 hours)						
	OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ges lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbis.	Water-Bbie.	Gd -MCF		
	GAS WELL Actual Prod. Test-MCF/D Length of Test		Bble. Condensate AMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D 1,333	3 hrs.				
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in) 639	Casing Pressure (Shut-in) 640	3/4"		
Back Pressure 039 040				TION COMMISSION		
VI. CERTIFICATE OF COME MANDE						
		regulations of the Oil Conservation with and that the information given a best of my knowledge and belief.	APPROVED			
			TITLE			
	Day Fred	Carro	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepen			

President (Signature) December 13, 1972

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 conditions.

