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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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-110
Effective 1-1-65

AK
3065-N

I. Operator
Chace Oil Company, Inc.

Address
313 Washington, S. E., Albuquerque, New Mexico 87108

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 71	Well No. 7	Pool Name, including Formation S. Lindrith Gallup Dakota	Kind of Lease State, Federal or Fee Indian	Lease No. 71
Location Unit Letter <u>I</u> ; <u>2310'</u> Feet From The <u>south</u> Line and <u>990</u> Feet From The <u>east</u> Line of Section <u>3</u> Township <u>23N</u> Range <u>4W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1702, Farmington, NM 87401				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 492, El Paso, TX 79978				
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 3	Twp. 23N	Rge. 4W	Is gas actually connected? When No 7-25-82

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-29-82	Date Compl. Ready to Prod. 6-28-82	Total Depth 7545' KB		P.B.T.D. 7499' KB				
Elevations (DF, RKB, RT, GR, etc.) 7211 GR 7225 KB	Name of Producing Formation Tocito Dakota		Top Oil/Gas Pay 6956 7259 and 7385		Tubing Depth 7267' KB			
Perforations 7385-7443 7259-7271 7183-7205 6956-6972					Depth Casing Shoe 7543'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9 5/8"	8 5/8"		229' KB		175 sxs			
7 7/8"	4 1/2"		7543' KB		1185 sxs			
	2 3/8"		7262 KB					

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 6-28-82	Date of Test 7-1-82	Producing Method (Flow, pump, gas lift, etc.) Flowing		
Length of Test 24	Tubing Pressure 80	Casing Pressure 850	Choke Size 2"	
Actual Prod. During Test 270 Bbls.	Oil - Bbls. 250	Water - Bbls. 20	Gas - MCF 190	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-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.

Royce M. Carey
President
July 6, 1982

OIL CONSERVATION COMMISSION
APPROVED JUL 19 1982, 19____
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 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.