

ANTA FE		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and	
FILE		AND		Effective 1-1-65	
J.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PRODUCTION OFFICE					
Operator					
Chace Oil Company, Inc.					
Address 313 Washington SE, Albuquerque, NM 87108					
Reason(s) for filing (Check proper box)			Other (Please explain)		
New Well <input type="checkbox"/>			Change in Transporter of:		
Recompletion <input type="checkbox"/>			Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>			Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name Jicarilla 71		Well No. 7		Pool Name, including Formation South Lindrith Gallup Dakota	
				Kind of Lease Jicarilla	
				State, Federal or Fee Indian	
				Lease 71	
Location					
Unit Letter 'I' : 2310 Feet From The south Line and 990 Feet From The east					
Line of Section 3 Township 23N Range 4W, NMPM, Rio Arriba					
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent) 85258		
Petro Source Corporation			8777 E. Via de Ventura, Ste. 100, Scottsdale, AZ		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company			P. O. Box 1492, El Paso, TX 79978		
If well produces oil or liquids, give location of tanks.		Unit I	Sec. 3	Twp. 23N	Pge. 4W
this production is commingled with that from any other lease or pool, give commingling order number:					
COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover
Date Spudded		Date Compl. Ready to Prod.		Total Depth	P.B.T.D.
Devotions (DF, RKB, RT, CR, 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
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 that obtainable 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/MCF	Gravity of Condensate
Testing Method (pilot, 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 best of my knowledge and belief.			APPROVED		
			BY Frank		
			TITLE		
D.W. Miller			This form is to be filed in compliance with RULE 1104.		
(Signature)			If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the data taken on the well in accordance with RULE 111.		
President			All sections of this form must be filled out completely for wells on new and recompleted wells.		
DEC 29 1968			Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of data.		
(Date)			Form C-104 must be filled for each pool in		