

STATE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and  
Effective 1-1-85

Operator  
Chace Oil Company, Inc.

Address  
313 Washington SE, Albuquerque, NM 87108

Reason(s) for filing (Check proper box)

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

Other (Please explain)

Change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 71	Well No. 11	Pool Name, Including Formation South Lindrith Gallup Dakota	Kind of Lease Jicarilla State, Federal or Fee Indian	Lease 71
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Location  
Unit Letter 'P' : 790 Feet From The south Line and 330 Feet From The east

Line of Section 3 Township 23N Range 4W , NMPM, Rio Arriba Co

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)  
Petro Source Corporation 8777 E. Via de Ventura, Suite 100, Scottsdale, AZ 85258

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ 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 P	Sec. 3	Twp. 23N	Pge. 4W	Is gas actually connected?	When
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If 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 Deepen Plug Back Same Res'r. Diff.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
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Devotions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
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Perforations	Depth Casing Shoe
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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 off and must be equal to or exceed test  
able 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.)
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Length of Test	Tubing Pressure	Casing Pressure	Choke Size
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Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
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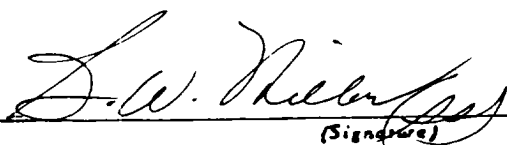
GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate-MCF	Gravity of Condensate
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Testing Method (pitot, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Choke Size
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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.

  
(Signature)

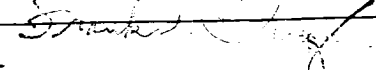
President

(Title) DEC 29 1986

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_ 1986, 12

BY  1986

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or de  
well, this form must be accompanied by a tabulation of the de  
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for  
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of  
well name or number, or transporter, or other such change of co  
C-104 must be filed for each pool in a