

DISTRIBUTION		
ALBUQUERQUE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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-
 Effective 1-1-85

Operator Chace Oil Company, Inc.

Address 313 Washington SE, Albuquerque, NM 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

Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jicarilla Tribal Cont. 47</u>	Well No. <u>4</u>	Pool Name, Including Formation <u>South Lindrith Gallup Dakota</u>	Kind of Lease State, Federal or Free <u>Jicarilla Indian</u>	Lease No. <u>47</u>
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Location
 Unit Letter E ; 460 Feet From The West Line and 1750 Feet From The north

Line of Section 11 Township 23N Range 4W , NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Mancos Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Drawer 1320, Farmington, NM 87499</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1492, El Paso, TX 79978</u>

If well produces oil or liquids, give location of tanks. Unit E Sec. 11 Twp. 23N Rge. 4W Is gas actually connected? Yes When 3/2/84

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	Deeper	Plug Back	Same Rest'r.	Diff. Rest'r.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Deviations (DF, RKB, RT, GR, 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 top allowable 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 - Ebls.	Water - Ebls.	Gas - MCF

RECEIVED
 MAR 11 1986

GAS WELL

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

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.

D.W. Miller
 (Signature)
 President
 3/10/86
 (Date)

OIL CONSERVATION COMMISSION
MAR 11 1986

APPROVED _____
 BY Original Signed by CHARLES GHOLSON
 TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all wells 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 condition.