E		
G S.		
ND OFFICE		
ANSPORTER	OIL	
	GAS	
ERATOR		
ORATION OFFICE		

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

rator

Chace Oil Company, Inc.

ress

313 Washington SE, Albuquerque, New Mexico 87108

son(s) for filing (Check proper box)

- New Well [ ]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [X] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other (Please explain)

hange of ownership give name address of previous owner

SCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	L
icarilla Tribal Contract 47	4	South Lindrith Gallup Dakota	State, Federal or Fee Jicarilla Indian	47

cation

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

SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be
Petro Source Corporation	7443 E. Dreyfus, Scottsdale, AZ 85260
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	**Address (Give address to which approved copy of this form is to be**
El Paso Natural Gas Company	P. O. Box 1492, El Paso, TX 79978

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

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

OMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (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 CEME

EST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exc able for this depth or be for full 24 hours)

IL WELL

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**

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OIL CON. DIV.
DIST. 3

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**

ERTIFICATE 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.

Frank Welker
(Signature)
Vice President Production
(Title)
November 30, 1987

OIL CONSERVATION COMMISSION

APPROVED NOV 30 1987

BY Frank T. Chavez
SUPERVISOR DISTRICT # 3

TITLE

This form is to be filed in compliance with RULE

If this is a request for allowable for a newly drille well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 11

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

Fill out only Sections I, II, III, and VI for chan ll name or number, or transporter, or other such chan