	NO. OF COPIES RECEIVED	1	/		
	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104	
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65	
	FILE		AND		
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL		
	OIL			30961N2 53	
	TRANSPORTER GAS		•	30 1NV 83	
	OPERATOR	1		2016 2 2	
	PRORATION OFFICE	1			
••	Operator				
	Chace Oil Company, Inc.				
		Address NW 077100			
	313 Washington, SE, Albuquerque, NM 87108				
	Reason(s) for filing (Check proper box, New Well X	Change in Transporter of:	Cther (Please explain)		
	Recompletion	Oil Dry Go			
	Change in Ownership	Casinghead Gas Conder			
	Change in Grancismp				
	If change of ownership give name				
	and address of previous owner				
II.	DESCRIPTION OF WELL AND				
	Lease Name	Well No. Pool Name, Including F.	ormation Kind of Lea	Jicarilla Lecse No.	
Jicarilla 71 19 S. Lindrith, Gallup Dakota State, Federal of Fee Indian				ral or Fee Indian 71	
	Location 1//40				
	Unit Letter 101; 710 Feet From The South Line and 1'749 Feet From The east				
Line of Section 3 Township 23N Bange 4W , NMPM, Rio Arriba				rriba County	
	Line of Section 3 Township 23N Range 4W , NMPM, RIO ATTIDA Con				
HI.	II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil (A) or Condensate Address (G. ve address to u			Address (G ve address to which app	roved copy of this form is to be sent)	
	Permian Corporation		P. O. Box 1702, Farmi	ngton, NM 87499 roved copy of this form is to be sent)	
	Name of Authorized Transporter of Cas	singhead Gas 😿 or Dry Gas 🦳	•		
	El Paso Natural Gas Com	pany	P. O. Box 1492, El Pa		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.		Vhen	
	give location of tanks.	O 3 23N 4W	No :		
If this production is commingled with that from any other lease or pool, give commingling order number:					
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion	on - (X) XX	XX		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	7-15-83	8-8-83	7535' KB	7495' KB	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gos Pay	Tubing Depth	
	7225' GL, 7237' KB	Gallup - Dakota	6147'	6510'	
	Perforations Dakota 'A': 721			Depth Casing Shoe	
	Dakota 'D': 7385-7409	Dakota 'D': 7385-7409 Greenhorn: 7123-7178' Gallup: 6147-6362' 7534' TUBING, CASING, AND CEMENTING RECORD			
		TUBING, CASING, AND	DEPTH SET	SACKS CEMENT	
	12 1/4"	8 5/8"	214' KB	250 sks 7500	
	7 7/8"	4 1/2"	7535' KB	1650 sks 2764cf	
	11/0	23/8	6510		
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Bun To Tonks Date of Test Producing Method (Flow, pump, gas lift, etc.)				il and must be equal to or exceed top allow-	
	Date First New Oil Run To Tanks	Date of Test		11)1, 212.)	
	8-8-83	8-9-83 Tubing Pressure	Swabbing Cosing Pressure	Choke Size	
				BOF OF INCE	
	24 hours Actual Prod. During Test	165 Oil-Bbls.	175 Water-Bble.	Pre-661V6III	
	204 bbls	155	49	\\ 21	
	201 2010			AUG 12 1983	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Of CON. DIV.	
			Cosing Pressure (Shut-in)	Choke Siz DIST. 3	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-11)	Choke Size	
			OU CONSERV	ATION COMMISSION	
VI.	Commission have been complied with and that the information given		OIL CONSERVATION COMMISSION		
			APPROVED AUG 1 %		
			Chows his		
			SUPERVISOR DISTRICT % 3		
	A/M		This form is to be filed in compliance with MULE 1104.		
	President (Title) August 10; 1983		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		
			Separate Forms C-104 mi		