

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.  
19

Pool Name, Including Formation  
South Lindrith Gallup Dakota

Kind of Lease  
Jicarilla  
State, Federal or Fee Indian

Lease  
71

Location

Unit Letter 'O' : 710 Feet From The south Line and 1749 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, Ste. 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  
O

Sec.  
3

Twp.  
23N

Rge.  
4W

Is gas actually connected?

When

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't.

Diff.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Deviations (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 top  
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.)

Length of Test

Tubing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil - Bbls.

Water - Bbls.

Gas - MCF

AS WELL

Actual Prod. Test - MCF/D

Length of Test

Bbls. Condensate/MMCF

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.

President

DEC 29 1986

(Date)

OIL CONSERVATION COMMISSION

APPROVED

1986

BY

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 con  
Separate Forms C-104 must be filled for each pool in m