NO. OF COPIES RECE	IVED	1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			L
LAND OFFICE			<u> </u>
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROPATION OFFICE		1	į

May 26, 1983

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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.

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	AS ·	
LAND OFFICE				
TRANSPORTER GAS				
OPERATOR		·		
PRORATION OFFICE			7	
Chace Oil Compa	nv. Inc.			
Address	119, 21101			
	SE, Albuquerque, NM 871	108		
Reason(s) for filing (Check proper box)	bij, hibuqueique, imi	Other (Please explain)		
New Well	Change in Transporter of:			
	OII Dry Gas			
Recompletion	Casinghead Gas Condens	ate		
Change in Ownership				
f change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND I	LEASE			
Lease Name	Well No. Pool Name, Including For	Emation Kind of Lease	or Fee Indian 71	
Jicarilla 71	20 S. Lindrith Gal	llup Dakota State, Federal	71	
Location				
Unit Letter 'B' : 517	Feet From The <u>north</u> Line			
Line of Section 10 Tow	vnship 23N Range 4	4W , NMPM, Ri	O Arriba County	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S (C) (H) (S)	-decomposition from the to be constituted	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ea copy of this form is to be sent)	
The Permian Corporati	on	P. O. Box 1702, Farming Address (Give address to which approv	ton, NM 87499	
Name of Authorized Transporter of Cas	singhead Gas 🔼 or Dry Gas 🗍			
Northwest Pipeline Co	mpany !	P. O. Box 1526, Salt, La		
If well produces oil or liquids,	Unit Sec. Twp. Pge.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
give location of tanks.	B 10 23N 4W	No		
If this production is commingled wit	th that from any other lease or pool, g	give commingling order number:		
COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completion	on = (X)	x		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	5-23-83	75 6. KB	7530 KB	
4-30-83 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
·	Dakota A & D- Greenhorn	5849'	7420'	
7276'KB 7262' GL	Gallup - Tocito Ga	11up: 5849-6401	Depth Casing Shoe	
Perforations Tocito: 6963-697 Dakota 'D': 7415-7445	, 1	Greenhorn: 7168-7212	7563' KB	
Dakota D : 1415-1416	TUBING, CASING, AND			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12 1/4"	8 5/8"	216' KB	170 sks	
7 7/8"	4 1/2"	7570 KB 7570	1700 sks	
1 1/6	2 3/8"	7420'		
	1 0,0	1.25		
THE AND DECLIFER D	OP ALLOWARIE (Test must be of	ter recovery of total volume of load oil	and must be equal to or exceed top allow	
TEST DATA AND REQUEST F	able for this de	pth or be for full 24 hours)		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	(t, etc.)	
5–23–83	5-24-83	Swabbing		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hours	156	195		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gos-MCF	
280	218	62	22	
280	, 2.0		and the second of the second	
GAS WELL			White March War	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity o Chagain and	
2				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
•				
CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION		
		on APPROVED		
I hereby certify that the rules and	by certify that the rules and regulations of the Oil Conservation APPROVED		())	
- I tour bear associated to	ereby certify that the rules and regulations of the Oil Conservation ministrion have been complied with and that the information given by the season of the Oil Conservation o			
Whose is time and combieto to m.	Subervisor branker # 3			
This form is to be filed in compliance with RULE 1104.				
If this is a request for allowable for a newly drilled or dwell, this form must be accompanied by a tabulation of the d			wable for a newly drilled or deepened	
(Sien	iatwe)	well, this form must be accompationally tests taken on the well in acco	rdance with RULE 11%.	
President		All sections of this form mu	ast be filled out completely for allow	
	itle)	able on new and recompleted w	ells.	