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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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-110  
Effective 1-1-85

30151N2  
30951N1  
9-12-83  
RECEIVED  
AUG 25 1983  
OIL CONSERVATION COMMISSION

Operator Chace Oil Company, Inc.	
Address 313 Washington, SE, Albuquerque, NM 87108	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change In Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 71	Well No. 12	Pool Name, Including Formation S. Lindrith Gallup Dakota	Kind of Lease Jicarilla State, Federal or Fee Indian	Lease No. 71
Location				
Unit Letter C ; 710 Feet From The north Line and 2015 Feet From The west				
Line of Section 10 Township 23N Range 4W, NMPM, Rio Arriba County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Permian Corporation	P. O. Box 1702, Farmington, NM 87491			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Northwest Pipeline Company	P. O. Box 1526, Salt Lake City, UT 84110-1526			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 10	Twp. 23N	Pge. 4W
				Is gas actually connected? No
				When

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

VI. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded 7/30/83	Date Compl. Ready to Prod. 8/22/83		Total Depth 7615' KB		P.B.T.D. 7574' KB			
Elevations (DF, RKB, RT, GR, etc.) 7305' GL, 7317' KB	Name of Producing Formation Gallup Dakota		Top Oil/Gas Pay 6236'		Tubing Depth 6558'			
Perforations Dakota 'D': 7436-7491'; Greenhorn: 7206-7260'; Gallup: 6236-6459'; Dakota 'A': 7305-7344'; Tootie: 6947-7005'					Depth Casing Shoe 7614' KB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8 5/8"		215' KB		177 sks - (208 CF)			
7 7/8"	4 1/2"		7615' KB		1675 sks - (2'65 CF)			
	2 3/8"		6558'					

V. 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 8/22/83	Date of Test 8/23/83	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 24 hours	Tubing Pressure 140 PSI	Casing Pressure 195 PSI	Choke Size 2"
Actual Prod. During Test 165 bbls	Oil - Bbls. 116	Water - Bbls. 49	Gas - MCF 20

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

I. 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.

B. W. Miller  
(Signature)  
President  
(Title)  
August 24, 1983  
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	19
Original Signed by FRANK T. CHAVEZ	
BY SUPERVISOR DISTRICT # 3	
TITLE	
This form is to be filed in compliance with RULE 1104.	
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 completed wells.	