

DISTRIBUTION		
STATE		
NO.		
U.S.		
ND OFFICE		
TRANSPORTER	OIL	
	GAS	
ERATOR		
ORATION OFFICE		
ATOR		

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-116
Effective 1-1-83

Chace Oil Company, Inc.		RECEIVED MAR 07 1984 OIL CON. DIV. DIST. 3
313 Washington, SE, Albuquerque, NM 87108		
Person(s) for filing (Check proper box)		
Well <input type="checkbox"/>	Change in Transporter of:	
Completion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Other (Please explain)
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	

Change of ownership give name
address of previous owner

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Jicarilla	Lease No.
Lease Name	Initial Contract	12	S. Lindrith Gallup Dakota	State, Federal or Fee	Indian	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

SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		P. O. Box 1702, Farmington, NM 87499				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		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				
Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When
	C	10	23N	4W	No	

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
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
Measurements (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 CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL		(Test must be after recovery of total volume of load off 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	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

GAS WELL		Bbls. Condensate/MCF		Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		MAR 07 1984	
Signature		APPROVED	
President		BY	
(Title)		TITLE	
MAR 05 1984		SUPERVISOR DISTRICT # 3	
(Date)		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.	
		Sign all Forms C-104 must be filed for each pool in multiply drilled wells.	