

FILE

S.G.S.

AND OFFICE

TRANSPORTER

PERATOR

ORATION OFFICE

OIL

GAS

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and

Effective 1-1-85

Chace Oil Company, Inc.

313 Washington SE, Albuquerque, NM 87108

Reason(s) for filing (Check proper box)

Change in Transporter of:

Oil ☒ Dry Gas ☐

Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change of ownership give name

Address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Trichal Gwd

Well No. 21

Pool Name, Including Formation South Lindrith Gallup Dakota

Kind of Lease Jicarilla

State, Federal or Fee Indian

Lease No. 71

Location

Unit Letter 'J' : 2310 Feet From The south Line and 2770 Feet From The east

Line of Section 10 Township 23N Range 4W . NMPM, Rio Arriba County Cou

SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Petro Source Corporation

Address (Give address to which approved copy of this form is to be sent)

8777 E. Via de Ventura, Suite 100, Scottsdale, AZ 85258

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

El Paso Natural Gas Company

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 1492, El Paso, TX 79978

well produces oil or liquids, Unit J Sec. 10 Twp. 23N Pge. 4W Is gas actually connected? When

ve location of tanks.

his 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 Rest'r. ☐ Diff. ☐

Name Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

ventions (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

ifications

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

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)

ne First New Oil Run To Tanks

Date of Test

Producing Method (pilot pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Choke Size

atural Prod. During Test

Oil - Bbls.

Water - Bbls.

Gas - MCF

AS WELL

atural Prod. Test - MCF/D

Length of Test

Bbls. Condensate/MCF

Gravity of Condensate

etting Method (pilot, back pr.)

Tubing Pressure (Shot-in)

Casing Pressure (Shot-in)

Choke Size

CERTIFICATE OF COMPLIANCE

ereby certify that the rules and regulations of the Oil Conservation

mission have been complied with and that the information given

ve is true and complete to the best of my knowledge and belief.

Signature

President

DEC 29 1986

Date

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

1986

SUPERVISOR DISTRICT

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep

well, this form must be accompanied by a tabulation of the dev

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 o

well name or number, or transporter, or other such change of cond

Separate Forms C-104 must be filed for each pool in mu