AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

C.O.			
O OFFICE			
ANSPORTER	OIL		
	GAS		
ERATOR			
ORATION OFFICE			

Operator
Chace Oil Company, Inc.

Address
313 Washington SE, Albuquerque, NM 87108

Reason(s) for filing (Check proper box)

- New Well [ ]
- Completion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [X] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Jicarilla Tribal Contract 47	7	South Lindrith Gallup Dakota	Jicarilla Indian	47

Location
Unit Letter 'A' : 790 Feet From The North Line and 790 Feet From The East
Line of Section 13 Township 23N Range 4W NMPM Rio Arriba

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: Petro Source Corporation
Address (Give address to which approved copy of this form is to be sent): 7443 E. Dreyfus, Scottsdale, AZ 85260

Name of Authorized Transporter of Casinghead Gas [X] 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

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	13	23N	4W	Yes	6/19/84

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'v.

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

(Test must be after recovery of total volume of load oil and must be equal to or exceed allowable for this depth or be for full 24 hours)

OIL WELL

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

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OIL CON. DIV.
DIST. 3

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

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.

Frank Welber
(Signature)

Vice President Production
(Title)

November 30, 1987
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 30 1987
BY Frank T. Chavez
SUPERVISOR DISTRICT # 3
TITLE

This form is to be filed in compliance with RULE

If this is a request for allowable for a newly drille well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out comple able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for chan well name or number, or transporter, or other such chang