

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION 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-11
Effective 1-1-65

4-17-84

Operator Chace Oil Company, Inc.	
Address 313 Washington, S.E., Albuquerque, New Mexico 87108	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input 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"/>
AMENDED COPY	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Tribal Contract	Well No. 47-6	Pool Name, Including Formation Chacon Dakota	Kind of Lease State, Federal or Fee Indian	Lease No. 47
Location				
Unit Letter <u>G</u> ; <u>1850</u> Feet From The <u>NL</u> Line and <u>1850</u> Feet From The <u>EL</u>				
Line of Section <u>12</u> Township <u>23N</u> Range <u>4W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1702, Farmington, New Mexico 87499	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Northwest Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1526, Salt Lake City, Utah 84110-1526	
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>12</u>
	Twp. <u>23N</u>	Rge. <u>4W</u>
	Is gas actually connected? <u>No</u> When _____	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 9/14/83	Date Compl. Ready to Prod. 10/12/83		Total Depth 7663' KB		P.B.T.D. 7623' KB			
Elevations (DF, RKB, RT, GR, etc.) 7353' GL 7366' KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 7277' KB		Tubing Depth 6603' KB			
Perforations Dakota 'D': 7425'-7469' Dakota 'B': 7368'-7372' Dakota 'A': 7277'-7303'					Depth Casing Shoe 7662' KB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		215' KB		170 sks. (200 CF)			
7 7/8"	4 1/2"		7663' KB		1850 sks. (3083 CF)			
---	2 3/8"		6603' KB		---			

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 10/15/83	Date of Test 10/17/83	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 24 hours	Tubing Pressure 170 PSI	Casing Pressure 195 PSI	Choke Size 2"
Actual Prod. During Test 121	Oil - Bbls. 95	Water - Bbls. 26	Gas - MCF 9

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

VI. 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 (gs)
(Signature)
President
(Title)
10/27/83
(Date)

OIL CONSERVATION COMMISSION
11-14-83 NOV 14 1983
APPROVED
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3
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.