

DISTRIBUTION		
SANTA FE		
FILE		
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-1,  
Effective 1-1-65

3080/2  
7-16-84

RECEIVED

JUL 10 1984

OIL CON. DIV.  
DIST. 3

Operator	Chace Oil Company, Inc.		
Address	313 Washington, SE, Albuquerque, NM 87108		
Reason(s) for filing (Check proper box)	Other (Please explain)		
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"/>	

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Jicarilla	Well No.	Pool Name, Including Formation	Kind of Lease	Jicarilla	Lease No.
Tribal Contract #47		8	South Lindrith Gallup Dakota	State, Federal or Fee	Indian	47
Location						
Unit Letter	'B'	380	Feet From The	north	Line and	1650
			Feet From The	east		
Line of Section	11	Township	23N	Range	4W	NMPM, Rio Arriba
						County

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 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					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When
	B	11	23N	4W	No	

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't.	Diff. Res't.
	XX		XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
6/13/84	7/5/84	7555' KB	7522' KB					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
7248' GR; 7261' KB	Gallup - Dakota	5906' KB	7343' KB, SN 7307' KB					
Perforations	Dakota 'D': 7382-7408'; Greenhorn: 7125-7166'; Gallup: 5906-6376'; Dakota 'A': 7206-7238'; Tocito: 6930-6934'.			Depth Casing Shoe				
				7554' KB				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		224' KB		200 sks (236 CF)			
7 7/8"	4 1/2"		7555' KB		1650 sks (2707 CF)			
	2 3/8"		7343' KB		None			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7/6/84	7/7/84	Swabbing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	145 PSI	160 PSI	2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
149 bbls	108 bbls	41 bbls	21 MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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.

  
(Signature)  
President  
(Title)  
July 9, 1984  
(Date)

OIL CONSERVATION COMMISSION

7-12-84  
APPROVED JUL 12 1984

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 deviate 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 multiple completed wells.