

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
SAFE		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110	
FILE		AND		Effective 1-1-85	
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PRORATION OFFICE					
Operator					
Chace Oil Company, Inc.					
Address					
313 Washington, S.E., 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"/>	
Change in Ownership <input type="checkbox"/>				Dry Gas <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 Tribal	Well No.	4	Pool Name, Including Formation	Ext. South Lindrith Gallup-Dakota	Kind of Lease	Jicarilla	Lease No.	361
Contract	#361					State, Federal or Fee			
Location									
Unit Letter	P	:	459'	Feet From The	SL	Line and	648'	Feet From The	EL
Line of Section	4	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 Corp. Permian (6" 9 / 1 / 87)	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	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
	P	4	23N	4	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'v.	Diff. Res'v.
XX			XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
5/19/84	6/14/84	7488' KB		7444' KB				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
7199' GR, 7213' KB	Gallup-Dakota	5770' KB		7257' KB				
Perforations Dakota 'D': 7274'-7331'	Greenhorn: 7076'-7096'	Gallup: 7076'-7096'		Depth Casing Shoe				
Dakota 'A': 7157'-7166'	Tocito: 6865'-6870'	5770'-6308'		7487' KB				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		223' KB		170 Sks (200 CF)			
7 7/8"	4 1/2"		7488' KB		1680 Sks (2777 CF)			
	2 3/8"		7289' 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)

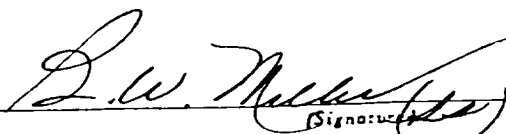
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6/15/84	6/16/84	Swabbing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	140 PSI	165 PSI	2"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
160 bbls.	116 bbls.	44 bbls.	20

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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.



President
(Title)
June 18, 1984
(Date)

OIL CONSERVATION COMMISSION	
JUN 25 1984	
APPROVED	19
Original Signed by FRANK T. CHAVEZ	
BY	SUPERVISOR DISTRICT # 3
TITLE	
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.	