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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-105  
Effective 1-1-65

Operator  
Chace Oil Company, Inc.  
Address  
313 Washington, S.E., Albuquerque, NM 87108

RECEIVED  
AUG 28 1984  
OIL CON. DIV.  
DIST. 3

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Jicarilla Tribal	Well No.	27	Pool Name, Including Formation	South Lindrith Gallup-Dakota	Kind of Lease	Jicarilla	Lease No.	
Contract	71					State, Federal or Fee	Indian		71
Location									
Unit Letter	N		2230	Feet From The	WL	Line and	747	Feet From The	SL
Line of Section	10	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	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
	N	10	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'v.	Diff. Res'v.
	XX		XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7/28/84	8/22/84	7445' KB	7403' KB					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
7259' GR, 7272' KB	Gallup-Dakota	5717' KB	7266' KB					
Perforations	Dakota 'D': 7282'-7318'	Greenhorn: 7062'-7086'	Gallup:	Depth Casing Shoe				
	Dakota 'A': 7151'-7174'	Tocito: 6556'-6854'	5717'-6290'	7444' KB				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	226' KB	235 Sks ( 273 CF)
7 7/8"	4 1/2"	7445' KB	1450 Sks (2421 CF)
----	2 3/8"	7266' KB	
		7231' SN	

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.)	
8/23/84	8/24/84	Swabbing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours	135 PSI	165 PSI	2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
156 Bbls.	122	34	23

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.

*D. W. Miller*  
(Signature)

President

(Title)

8/27/84

(Date)

OIL CONSERVATION COMMISSION

AUG 28 1984

APPROVED \_\_\_\_\_, 19

BY Original Signed by FRANK T. CHAVEZ

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 deviated 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 conditions.

Separate Forms C-104 must be filled for each pool in multiple well.