

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-
Effective 1-1-85

3057/11
Sept. 1984

RECEIVED

OCT 03 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

I. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Apache #47 47	Well No. 47-11	Pool Name, Including Formation South Lindrith Gallup Dakota	Kind of Lease State, Federal or Fee	Indian Jicarilla	Lease No. 47
Location					
Unit Letter 'B'	510	Feet From The north	Line and 2153	Feet From The east	
Line of Section 13	Township 23N	Range 4W	NMPM,	Rio Arriba	County

II. 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. Rge. Is gas actually connected? When
B 13 23N 4W	No

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

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 9/8/84	Date Compl. Ready to Prod. 9/28/84	Total Depth 7645' KB	P.B.T.D. 7599' KB					
Elevations (DF, RKB, RT, GR, etc.) 7404' GR, 7417' KB	Name of Producing Formation Gallup Dakota	Top Oil/Gas Pay 5964' KB	Tubing Depth S.N @ 7396' KB 7430' KB					
Perforations Dakota 'D': 7491'-7508'; Dakota 'A': 7304'-7342'; Gallup: 5964'-6462' Tocito: 7020'-7028'; Dakota 'B': 7410'-7412'; Greenhorn: 7242'-7264'				Depth Casing Shoe 7644'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	226' KB	170 sks (300 CF) 236					
7 7/8"	4 1/2"	7645' KB	1500 sks (2492 CF)					
	2 3/8"	7430' KB	None					
			S.N. @ 7396' KB					

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load off 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 9/29/84	Date of Test 9/30/84	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 24 hours	Tubing Pressure 145 PSI	Casing Pressure 160 PSI	Choke Size 2"
Actual Prod. During Test 164	Oil-Bbls. 120	Water-Bbls. 44	Gas-MCF 22

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

VII. 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)
October 2, 1984
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 03 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 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 condition.
Separate Forms C-104 must be filed for each pool in multiple completed wells.