

NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C Effective 1-1-85	
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE		OPERATOR	
TRANSPORTER		PRORATION OFFICE	
OPERATOR		PRORATION OFFICE	
Chace Oil Company, Inc.			
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"/>	
First delivery of gas			
Change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND LEASE			
Lease Name		Well No.	
Jicarilla Tribal Cont. #47		16	
Pool Name, including Formation		Kind of Lease	
S. Lindrith Gallup Dakota		Jicarilla	
State, Federal or Fee		Indian	
Lease No.		47	
Location			
Unit Letter 'F' ; 1761 Feet From The West Line and 1873 Feet From The north			
Line of Section 13 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)	
Mancos Corporation		P. O. Drawer 1320, 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		Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.		Unit Sec. Twp. Rge.	
F 13 23N 4W		Is gas actually connected? When	
Yes		7/23/85	
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.			
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth			
Perforations Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT			
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 of well for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks		Date of Test	
Length of Test		Producing Method (Flow, pump, gas lift, etc.)	
Actual Prod. During Test		Tubing Pressure	
Oil - Bbls.		Casing Pressure	
Water - Bbls.		Choke Size	
GCS - MCF		FEB 19 1986	
OIL WELL			
Actual Prod. Test - MCF/D		Length of Test	
Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pitot, back pr.)		Tubing Pressure (Shot-in)	
Casing Pressure (Shot-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.			
APPROVED 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 deeper 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 all wells on new and recompleted wells.			
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.			
Separate Forms C-104 must be filed for each pool in multi-completed wells.			