

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
MAY 13 1988  
OIL CON. DIV.  
DIST. 3

Operator  
Chace Oil Company, Inc.

Address  
313 Washington SE, Albuquerque, NM 87108

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Tribal Cont. 47	Well No. 16	Pool Name, including Formation South Lindrith Gallup Dakota	Kind of Lease State, Federal or Fee Jicarilla Indian	Lease No. 47
Location				
Unit Letter <u>F</u> : <u>1761</u> Feet From The <u>West</u> Line and <u>1873</u> Feet From The <u>North</u>				
Line of Section <u>13</u> Township <u>23N</u> Range <u>4W</u> . NMPM. <u>Rio Arriba</u> 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"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. F 13 23N 4W
Is gas actually connected?	When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

III. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have  
been complied with and that the information given is true and complete to the best of  
my knowledge and belief.

Frank Walker  
(Signature)

Vice President Production

May 12, 1988

(Title)

(Date)

OIL CONSERVATION DIVISION

MAY 13 1988

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

BY Brian J. Shum

TITLE SUPERVISION DISTRICT #3

This form is to be filed in compliance with RULE 1102.

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 allow-  
able 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.