DISTRIBUTION SANTA FE	ì	ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11	
U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL G	Effective 1-1-65	
LAND OFFICE			. 1 6/ 6/	
TRANSPORTER GAS	-	h rf	11/1/1	
OPERATOR	]	\$ 0°	, 411	
PRORATION OFFICE		<u></u>		
Chace Oil Company,	Tnc			
Address	HIC.	Other (Pleas lain)		
313 Washington, SE	E, Albuquerque, NM 87108	a F C		
Reason(s) for liling (Check proper box,	,	Other (Pleasated lain)	.r.5 /\	
New Well XXX	Change in Transporter of:	LOW MILL	291384	
Recompletion	Oil Dry Go  Casinghead Gas Canden	5		
Change in Ownership	cesinghed des center.	Cit C		
If change of ownership give name and address of previous owner		-		
DESCRIPTION OF WELL AND				
Leose Name	Well No. Pool Name, Including Fo	1	licarilla i cossilio	
Jicarilla Tribal Cont. #7	1   40   South Lindrith	Gallup Dakota   Sidie, Peserui	or Fee Indian 71	
	9 Feel From The north Line	e and <u>1853</u> Feet From T	h	
Unit Letter C . TO	100.110	TOJJ Feet Fibra 1	west	
Line of Section 9 Tow	vaship 23N Range	4W , NMPM, Ric	Arriba County	
None of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which approv	ed copy of this form is to be sent)	
Permian Corporation		P. O. Box 1702, Farming	•	
Name of Authorized Transporter of Cos	inghead Gas 🔼 or Dry Gas 🗔	Address (Give address to which approv	ed copy of this form is to be sent)	
El Paso Natural Gas		P. O. Box 1492, El Paso	o, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	is gas actually connected? Whe		
	C 9 23N 4W	J No ;		
OMPLETION DATA	th that from any other lease or pool,	give comminging order number:		
Designate Type of Completio	on — (X)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.	XX Total Depth	P.B.T.D.	
10/27/84	11/21/84	7284' KB		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	7230' KB Tubing Depth 7109' KB	
7085' GL; 7099' KB	Gallup Dakota	5604' KB	7073' S. N. KB	
	10'-7166'; Greenhorn: 6917	•	Depth Cesing Shoe	
Dakota 'A': 699	98'-7022'; Gallup: 5604'-6		l7283' кв	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	·	224' KB	705	
12 1/4" 7 7/8"	8 5/8" 4 1/2"	7284' KB	-250 sks (200 CF) 1650 sks (2707 CF)	
	2 3/8"	7109' KB	None	
	<u> </u>	j 7073' KB S. N.	<u> </u>	
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be af able for this de	fier recovery of socal volume of load oil a pth or be for full 24 hours)	nd must be equal to or exceed top allow	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	i, etc.)	
11/23/84	11/24/84	Swabbing		
Length of Test	Tubing Pressure	Cosing Pressure -	Choie Size	
24 hours Actual Prod. During Test	147 PSI	165 PSI	2 <sup>II</sup> Gan-MCF	
•				
144	107	J37	l _ 20	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Ebla. Condensete/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shnt-in)	Cosing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVA	TION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		NOV 2 0 100/		
		Original Signed by FRANK T. CHAVEZ		
above is true and complete to the		BY	W MY TRANK I. CHATLE	
		TITLE	SUPERVISOR DISTRICT # 3	
() al. Meller			This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened	
(Signature)		well, this form must be accompanied by a tabulation of the deviation		
President		tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow		
(Title)		able on new and recompleted walls.		
11/27/84		Fill out only Sections I, II.	III, and VI for changes of owner,	

(Date)

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.