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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Naniral Resources Department

Form C-104 Revised 1-1-89 See Instructions

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM \$8210

1000 Rio Brazos Rd., Azzec, NM 87410	REC	UEST F	FOR	ALL(OWA	BLE AND	AUTHO	RIZAT	ΓΙΟN					
I. Operator						L AND NA				A 8-2 A 1				
Chace Oil Company,	Inc.						2000 0000		Well	API No.	30 039	9 235	545	
Address	- 31								<u> </u>					
313 Washington SE, Reason(s) for Filing (Check proper box)	Albuque	rque, N	New 1	Mexi	<u> </u>		(Pl							
New Well		Change i	in Tran	sporter	of:		et (Please es	tplain)						
Recompletion	Oil		Dry				Eff	ecti	ve:	June 3	, 1989			
Change in Operator	Casingh	ead Gas	Con	densate										
If change of operator give name and address of previous operator														
II. DESCRIPTION OF WELL	AND LE													
Lease Name Jicarilla Tribal Cont	. #71	Well No. 38	Pool	Name 1th	, includ Lind	ing Formation rith Gal	lun-Dak	ota	Kind	of Lease I Federal or I	ndian		e Na.	
Location		1 30	155			-101 001	tup Dax	<u> </u>	<u> </u>		Water Samuel	7.	Company of the Company	
Unit Letter K	_ :1	980	_ Feet	From '	The W	est Line	and 1	980	F	et From Th	Sou	ıth	Line	
Section 9 Towns	nip 2	3N	Rans	æ	41	. NTA	MPM.			o Arril				
III. DESIGNATION OF TRA	NCDADT	ED OF O	NTT A	ATD A	1 A 1919 1								County	
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)													
Giant Refining Company					J	P. O.	Box 25	6, Fa	umir	igton, 1	NM 87	499		
Name of Authorized Transporter of Casinghead Gas X or Dry El Paso Natural Gas Company				ry Ges		P. O. Box 1492				proved copy of this form is to be sent) Laco, TX 79978				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp		Rge.	is gas actually	connected?		When					
If this production is commingled with the	K	9	231		4W	yes					2/14/8	5	<u> </u>	
IV. COMPLETION DATA	i ikui eey o	tret merre of	poot, į	DAE 00	moning	net outer amup	er:							
Designate Type of Completion	~~	Oil Wel	1	Gas Y	Vell	New Well	Workover	De	юрев	Plug Back	Same Re	s'v b	iff Res'v	
Designate Type of Completion Date Spudded		pl. Ready to				Total Depth			<u> </u>		1			
		4- xy	o race.			rom Debra				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay				Tubing Depth				
Performices													·	
										Depth Case	ng Shoe			
	•	TUBING,	CAS	ING .	AND	CEMENTIN	IG RECO	RD						
HOLE SIZE		SING & TI	UBING	SIZE		mai e rasmojalasi menere ee	DEPTH SE	T		a v 14 g.s.	SACKS C	EMENT	e Object from the control of the	
	 	·												
	-													
														
V. TEST DATA AND REQUE														
OIL WELL (Test smert be after) Date First New Oil Rus To Tank	Date of Te	otal volume	of load	Loi en	d source	be equal to one	cosed top at	lonable	for this	depth or be	for full 24	- (gwad		
	Date of Fee					Producing Method (Flow, pump, gas			ष्ट्र भूग, ब					
Length of Test	Tubing Pro	ESTIFE				Casing Pressur	t			Chake Size				
Actual Prod. During Test										<u> </u>				
	Oil - Bbls.					Water - Bbis.				G MCF ON. DIV.				
GAS WELL	-l		·							يعدُ الْحَدِينِ	DIST.			
Actual Prod. Test - MCF/D	Length of	Test				Bbls. Condens	MMCF			Gravity of				
		·						٠.		minario peragri				
Testing Method (pitot, back pr.)	Tubing Pre	saire (Shu	i-in)			Casing Pressur	e (Shut-in)			Choke Size	er en	- Francis	1	
VI. OPERATOR CERTIFIC	'ATE OF	COMP	TA TA	NCE		r		::			 			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION								
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.														
with the control of t						Date A	Approve	ed		MAY 23	1989			
trank a. Welker														
Signature Frank A. Welker Vice President Production						By_ Bins Chang								
Printed Name	Title					Supervision district # 3							5	
5/19/89	505/	/ 266–55	562		_	Title_								
Date		Tele	phone l	No.]									

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each nool in multiply completed wells