

Supersedes Old C-104 and Effective 1-1-83

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

REGISTRATION OFFICE

Operator

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Chace Oil Company, Inc.

313 Washington SE, Albuquerque, NM 87108

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Dry Gas

Casinghead Gas

Condensate

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Well No.

Pool Name, including Formation

Kind of Lease

Lease

Jicarilla 71

38

South Lindrith Gallup Dakota

Jicarilla

71

Location

Unit Letter

Feet From The

Line and

Feet From The

Line of Section

Township

Range

NMPM,

Coi

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Designation of Authorized Transporter of Oil or Condensate

Address (Give address to which approved copy of this form is to be sent)

Petro Source Corporation

8777 E. Via de Ventura, Ste. 100, Scottsdale, AZ 85258

Designation of Authorized Transporter of Casinghead Gas or Dry Gas

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

Well produces oil or liquids, or location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When

his 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.

Duff

Re Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Locations (DF, RKB, RT, CR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Information

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE L WELL

Test must be after recovery of total volume of load oil and must be equal to or exceed top able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil-Bbls.

Water-Bbls.

Gas-MCF

IS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MCF

Gravity of Condensate

Testing Method (pilot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-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 is true and complete to the best of my knowledge and belief.

Signature

President

Title

Date

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devt tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of a well name or number, or transporter, or other such change of cond