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

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRIC 1000 Rio	TЩ				
1000 Rio	Brazos	Rd.	Aziec,	NM	<b>87410</b>

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No.

Chace Oil Company, I	nc.						3	0-039-235	570	
313 Washington SE, A	lbuque	rque,	NIM 8	7108						
eason(s) for Filing (Check proper box)					Othe	r (Piease expla	úr)			
lew Well		Change in	•	_						
ecompletion 🔲	Oil		Dry Gas	_						
hange in Operator	Casinghea	d Gas	Condens	nte 📙						
change of operator give name d address of previous operator		_					<del> </del>			<del></del>
L DESCRIPTION OF WELL A	ND LE	ASE	<del></del>				T ==		rilla.	N-
Jicarilla Tribal Contr	act 47		Sout	ne, including	rith Gal	lup-Dako	ta Sime,	Lesse India	TII	23c No. 17
ocation	,	2102		CO	nth	and 204	7 _	a From TheV	loct	* !
Unit LetterK	:	2192	_ Feet Fro	m The <u>SO</u>	uth Line	and	/ Pe	a From the	·CDC	Line
Section 11 Township	23	3N	Range	<u>4</u> W	, NA	IPM,	R	io Arriba	<u> </u>	County
I. DESIGNATION OF TRANS	SPORTE	R OF O	IL ANI	NATU	RAL GAS					<del></del>
tions of Authorized Transporter of Oil Giant Refining Company	, X	or Conde	essie [					copy of this for		nt)
Name of Authorized Transporter of Casing		DX.	or Dry (	305	L			copy of this for		nt)
El Paso Natural Gas Co					P.O. BO	x 1492,	El Paso,	TX 7997		
f well produces oil or liquids, ive location of traits.	Unit K	Sec.	23N	4W	is gas actually connected? When		When	? 2/20,	/86	
this production is commingled with that f		<u> </u>	<u> </u>					2/20/		
V. COMPLETION DATA										
Designate Time of Completion	. <b>m</b> n	Oil Wel	G	es Well	New Well	Wadtover	Deepen	Plug Back S	iame Res'v	Diff Res'v
Designate Type of Completion - Date Spadded		pl. Rendy t	o Prod.		Total Depth	•	l	P.B.T.D.		.1
her alumin		<b>,</b>								
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Dupth			
Performions	1		·		1			Depth Casing	Shoe	
		TUBING	, CASIN	IG AND	CEMENTI	NG RECOR	D C			
HOLE SIZE		ISING & T				DEPTH SET		S	SACKS CEMENT	
				<del></del>				<del> </del>		
	<del> </del>	·						harried mind -	1 22 0	
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE			_			·	
OIL WELL (Test must be after r	<del>~</del>		e of load e	il and mus	be equal to or	exceed top all ethod (Flow, p	owable for thi	s peptr or be so	7 Juli 24 Ros	F3.)
Date First New Oil Run To Tank	Date of T	ee			Producing in	emo (rava, p	-ip, 8 iji, i		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	;
Length of Test	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbis			Gas- MCF			
	<u> </u>				<u></u>			<u></u>		
GAS WELL Actual Prod. Test - MCF/D	Length of	( Test			Bbls Conde	nate/MMCF		Gravity of C	ondensate	
ACUAL PROD. 168 - MICP/D	Longui G						g 1987 (Care)			. 5." •
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIFIC	ATEO	F COM	IPLIAN	NCE		OII	VOED:	ATION	71/ (1C)	ON!
I hereby certify that the rules and regui	lations of th	ne Oil Cons	ervation		1	OIL CO	NSEHV	ATION I	אפועוכ	אור
Division have been complied with and is true and complete to the best of my	that the inf	formation g	iven abov	•			I	2814 4	300	
as the and complete to the beat of my	, ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	1			Date	e Approve	ea	MAY 111	989 —	
trank a.	لسا.	elb	n		D		7	) de		
Signature Frank A. Wolker	Vice D	reside	nt Dr	oducti	∬ By_				0	
Frank A. Welker Vice President Production  Title 5/5/89 505/266-5562				SUPERVISION DISTRICT # 3						
3/3/89 Date			elephone l						` <b>*</b>	مي ،
			•							

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 pool in multiply completed wells.