

DISTRIBUTION		
ANTA FE		
ILE		
S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		
petitor		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-85

311712

Chace Oil Company, Inc.	
Address	
313 Washington, SE, Albuquerque, NM 87108	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

Change of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE				
Lease Name <u>Tribal</u>	Well No. <u>42</u>	Pool Name, Including Formation <u>South Lindrith, Gallup Dakota</u>	Kind of Lease <u>Jicarilla</u>	Lease No. <u>71</u>
Jicarilla Contract #71			State, Federal or Fee <u>Indian</u>	
Location				
Unit Letter <u>E</u>	: <u>1785</u>	Feet From The <u>north</u>	Line and <u>840</u>	Feet From The <u>West</u>
Line of Section <u>9</u>	Township <u>23N</u>	Range <u>4W</u>	, NMPM, <u>Rio Arriba</u>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Permian Corporation	P. O. Box 1702, Farmington, NM 87499			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas	P. O. Box 1492, El Paso, TX 79978			
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>9</u>	Twp. <u>23N</u>	Rge. <u>4W</u>
				Is gas actually connected? <u>No</u> When

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

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>5/8/85</u>	Date Compl. Ready to Prod. <u>7/3/85</u>
Elevations (DF, RKB, RT, CR, etc.) <u>7035' GR</u>	Name of Producing Formation <u>Gallup Dakota</u>
Perforations <u>Dakota 'D': 7075'-7130'; Greenhorn: 6874'-6898'</u>	Total Depth <u>7196' TD</u>
<u>Gallup: 5608'-6087'; Dakota 'A': 6957'-6984'; Tbcito: 6649'-6653'</u>	Top Oil/Gas Pay <u>5608' KB</u>
	Tubing Depth <u>7047' KB - S.N. @ 7011' KB</u>
	Depth Casing Shoe <u>7201' KB</u>

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>225.59'</u>	<u>170 sks (204 CF) Class B</u>
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>7202' KB</u>	<u>1805 sks (2935 CF)</u>
	<u>2 3/8"</u>	<u>7047' KB</u>	
		<u>S.N. @ 7011' KB</u>	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks <u>7/4/85</u>	Date of Test <u>7/5/85</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Swabbing</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>149</u>	Casing Pressure <u>163</u>	Choke Size <u>2"</u>
Actual Prod. During Test <u>148</u>	Oil-Bbls. <u>111</u>	Water-Bbls. <u>37</u>	Gas-MCF <u>19</u>

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Quantity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		8-1-85 APPROVED _____, 19 _____	
BY _____		Original Signed by FRANK T. CHAVEZ	
TITLE _____		SUPERVISOR DISTRICT # 3	
This form is to be filed in compliance with RULE 1104.			
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 allowable 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 recompleted wells.			
President <u>B. W. Miller</u> (Signature)			
July 9, 1985 (Date)			