

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRORATION OFFICE

Operator

Chace Oil Company, Inc.

Address

313 Washington SE, Albuquerque, NM 87108

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Jicarilla Tribal Cont. #47

Well No.

45

Pool Name, Including Formation

South Lindrith Gallup Dakota

Kind of Lease

Jicarilla

State, Federal or Fee

Indian

Lease No.

47

Location

Unit Letter

C

448

Feet From The

north

Line and

1655

Feet From The

west

Line of Section

12

Township

23N

Range

4W

NMPM,

Rio Arriba

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Petro Source Corporation

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

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

Name of Authorized Transporter of Casinghead Gas

El Paso Natural Gas Company

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

P. O. Box 1492, El Paso, TX 79978

If well produces oil or liquids, give location of tanks.

Unit

C

Sec.

12

Twp.

23N

Pge.

4W

Is gas actually connected?

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

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res't.

Diff. Re

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

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

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks

Date of Test

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

Length of Test

Tubing Pressure

Casing Pressure

Actual Prod. During Test

Oil - Bbls.

Water - Bbls.

Gcs - MCF

Gravity of Condensate

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MMCF

Testing Method (pilot, back pr.)

Tubing Pressure (Shot-in)

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

Frank Wilber

(Signature)

Vice President, Production

(Title)

March 23, 1987

(Date)

OIL CONSERVATION COMMISSION

MAR 24 1987

APPROVED

BY

TITLE

SUPERVISOR DISTRICT

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 devils tests taken on the well in accordance with RULE 111.

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

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

Separate Forms C-104 must be filed for each pool in multi-completed wells.