| SANTA FE | | FOR ALLOWABLE | Form C-104 Supersedes Old C-104 and |
|---|---|---|--|
| FILE U.S.G.S. | AND | | Effective 1-1-65 |
| LAND OFFICE | . AUTHORIZATION TO TRA | INSPORT OIL AND NATURAL G | |
| IRAN! PORTER OIL | 1 | | 301616 |
| GAS OPERATOR | 4 | | ées ma- |
| PRORATION OFFICE | 1 | | |
| Operator | | JUA | 1-13 1907 |
| Chace Oil Company, | Inc. | C)# ~ | 73 1307 |
| 313 Washington, S | .E., Albuquerque, New Mexi | .co 87108 | ON. DIV. |
| Reason(s) for filing (Check proper box | | Other (Please explain) | 31. 3 |
| New Well Recompletion | Change in Transporter of: OII Dry Ga | . [] | er. |
| Change in Ownership | Casinghead Gas Conden | | , |
| f change of ownership give name | | | |
| ind address of previous owner | | | |
| DESCRIPTION OF WELL AND | | | |
| Jicarilla Contract #47 | Well No. Pool Name, Including Fo | | Olcarilla Coss |
| Location | 1 25 South Inherrun | Gailup-Dakota Sinte, 1 santa | or Fee Indian 47 |
| Unit Letter "F" : 19 | 19 Feet From The NI, Line | e and <u>2234</u> Feet From 7 | he WL |
| | | | |
| Line of Section 14 Tox | enship 23N Range | 4W NMPM, Rio Ar | riba Com |
| | TER OF OIL AND NATURAL GA | | |
| None of Authorized Transporter of Oil | Σ or Condensαte | Address (Give address to which approv | |
| Permian Corporation Name of Authorized Transporter of Case | singhead Gas 💢 or Dry Gas 🦲 | !P.O. Box 1702, Farmington, New Mexico 87499 Address (Give address to which approved copy of this form is to be sent) | |
| El Paso Natural Gas C | | P.O. Box 1492, El Paso, Texas 79978 | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. P.ge. F 14 23N 4W | Is gas actually connected? Whe | n |
| | th that from any other lease or pool, | 1 | |
| COMPLETION DATA | | | |
| Designate Type of Completion | on = (X) Oil Well Gas Well X | New Well Workover Deepen | 'Plug Back 'Same Res't.'Diff. R |
| Date Spudded | Date Compi. Ready to Prod. | Total Depth | P.B.T.D. |
| 5/6/87 | 5/28/87 | 7372'KB | 7325'KB |
| Elevations (DF, RKB, RT, GR, etc.; 7280 GL | Name of Producing Formation Gallup-Dakota | Top Oil/Gas Pay 5975'KB | Tubing Depth 7120.80' KB |
| Ferformions Dakota 'D': 7 | 250-7270'KB Greenhorn: 70 | <u> </u> | Depth Casing Shoe |
| 6256'KB Dakota 'A': | 7098-7108'KB Tocito: 6 | | 7371' КВ |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12¼" | 8 5/8" | 233' KB | 170 sks(200.6 cf) |
| 7 7/8" | 4 1/2" | 7372' KB | 1400 sks (2334 cf) |
| **** | 2 3/8" | 7157.81' KB | none |
| TEST DATA AND REQUEST FO | | fer recovery of socal volume of load oll s | and must be equal to or exceed top a |
| OIL WELL Date First New Oil Run To Tanks | able for this de | pth or be for full 24 hours) Producing Method (Flow, pump, gas lif | i. etc.) |
| 5/29/87 | 5/30/87 | swabbing | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 hours Actual Prod. During Test | 0 psi | 475 psi | 2" GcMCF |
| 184 bbls. | 137 bbls. | 47 bbls. | 27 mcf |
| | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condense:e/MMCF | Gravity of Condensate |
| | | | |
| Testing Wethod (pitot, back pr.) | Tubing Pressur (Shut-in) | Cosing Pressure (Shut-in) | Chox 51x |
| CERTIFICATE OF COMPLIANCE | L | U CONSERVA | TION COMMISSION |
| CENTIFICATE OF COMPENSION | | OIL CONSERVATION COMMISSION JUN - 3 1987 | |
| hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given | | Original Signed by FRANK T. CHAVEZ | |
| _ommission have been complied washove is true and complete to the | with and that the information given to best of my knowledge and belief. | DI | |
| | | TITLE | SUPERVISOR DISTRICT # 1 |
| 1 1 1 1 1 1 1 1 1 1 | | This form is to be filed in compliance with RULE 1104. | |
| Trank Weller | | If this is a request for allowable for a newly drilled or deep | |
| (Signature) Vice President Production | | well, this form must be accompanied by a tabulation of the devi tests taken on the well in accordance with RULE 111. | |
| Vice President, Production (Title) | | All sections of this form must be filled out completely for a able on new and recompleted wells. | |
| June 1, 1987 | | Fitt out only Sections I. II. III. and VI for changes of owell name or number, or transporter, or other such change of cond | |
| (Date) | | | t be filed for each pool in mu |
| | | TT A AM | |