DISTRIBUTION SANTA FE		ONSERVATION COMMISSION	Form C-104	
FILE	REQUEST FOR ALLOWABLE AND		Supersedes Old C-104 and C-1 Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	as .	
LAND OFFICE		THE PART OF AND HATORAL G		
TRANSPORTER GAS				
OPERATOR				
PRORATION OFFICE		ַ אַ נָטָן בּין	P. P.	
Operator - Chace Oil Company	V	U	JEM.	
Address	S.E., Albuquerque, New Me	AUG xico 87108	1201987	
Reason(s) for filing (Check proper box)		Other (Please explain)	ON DI	
New Well	Change in Transporter of:	_ Dis	ST DIV.	
Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conder	BI Das Connec	ction	
If change of ownership give name and address of previous owner			e	
••				
DESCRIPTION OF WELL AND I	Well No.: Pool Name, Including Fo	ormation Kind of Lease	Ti conilla lecse No.	
Tribal Contract #47	25 South Lindrith	Gallup Dakota Sigle, Federal	Jicarilla I	
Unil Letter "F":19:	19 Feet From The NL Lin	e and 2234 Feet From T	he WL	
	mship 23N Range		o Arriba County	
Cine of Section 14 104	wanth 52M Vande	4W , NAFE, RI	O ALLIDA County	
DESIGNATION OF TRANSPORT		S Address (Give address to which approv	ed copy of this form is to be sent)	
Permian Corporation		P. O. Box 1702, Farmington		
Name of Authorized Transporter of Cas	inghead Gas X or Dry Gas	Address (Give address to which approv		
El Paso Natural Gas Co		P. O. Box 1492, El Paso,	 · · · · · · · · · · · · · · · · · ·	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. F 14 23N 4W	yes Au	gust 18, 1987 8:05 A.M.	
If this production is commingled wit COMPLETION DATA				
Designate Type of Completio	n - (X) Oil Well Gas Well X	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
5/6/87	5/28/87	7372 'K B	7325'KB	
Elevations (DF, RKB, RT, GR, esc.; 7280 GR	Name of Producing Formation Gallup Dakota	Тор 01/Gas Pay 5975' KB	Tubing Depth 7120.80' KB	
	7250-7270'KB Greenhorn:	7025'-7041'KB Gallup:	Depth Casing Shoe	
	A": 7098-7108'KB Tocito	6822'-6824'KB	7371' KB	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
123"	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	
		S.N. @ 7120.80 KB	<u>i</u>	
TEST DATA AND REQUEST FO		fer recovery of socal volume of load oil a	and must be equal to or exceed top allow	
OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hows) Producing Method (Flow, pump, gas life	t etc.)	
			.,,	
5/29/87	5/30/87 Tubing Pressure	Swabbing Cosing Pressure	Choke Size	
24 hours	0 psi	475 psi	2"	
Actual Pred. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
184 bbls.	137 bbls.	47 bbls.	27 mcf	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressur (Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIANCE	r	OIL CONSERVA	TION COMMISSION	
		ÁUG 2.0 1987		
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.				
		Original Signed by FRANK T. CHAVEZ		
		TITLE	TOTAL DISTRICT TO	
1 1 1		This form is to be filed in c	compliance with RULE 1104.	
trank Willer		If this to a request for allowable for a newly drilled or despense		
(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.		
Vice President, Production		All sections of this form mu	All sections of this form must be filled out completely for allow	
(Ti:	12)	able on new and recompleted we	118.	
August 19, 1987		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 multipl	
		completed wells.		