

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

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

Form C-104
Supersedes Old C-104 and
Effective 1-1-83

3058
RECEIVED

NOV 18 1986

OIL CON. DIV
DIST. 3

Chace Oil Company, Inc.

Address
313 Washington SE, Albuquerque, NM 87108

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Jicarilla Tribal Cont. #47	27	South Lindrith Gallup Dakota	State, Federal or Fee	Indian
Location				47

Unit Letter 'P' : 989 Feet From The south Line and 592 Feet From The east

Line of Section 11 Township 23N Range 4W, NMPM, Rio Arriba Cou.

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Mancos Corporation

Address (Give address to which approved copy of this form is to be sent)
P. O. Drawer 1320, Farmington, NM 87499

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

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

El Paso Natural Gas Company

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

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

Unit	Sec.	Twp.	Rge.
P	11	23N	4W

Is gas actually connected? When
No

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'r.	Disl. R.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
10/20/86	11/10/86		7550' KB		7509.11' KB			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
7388' GR	Gallup Dakota		5951'		7549' KB			
Perforations	Dakota 'D': 7428-7446' Greenhorn: 7195-7211'				Depth Casing Shoe			
Gallup: 5951-6493'	Dakota 'A': 7269-7283' Tocito: 6971-6973'				7549' KB			

TUBING, CASING, AND CEMENT RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8"	215' KB	170/ (200 CF) Class B
7 7/8	4 1/2"	7550' KB	1550 (2549 CF) sks
	2 3/8"	7376.29' KB	
		S. N. @ 7349.95' KB	

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 of
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11/11/86	11/12/86	Swabbing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	0	400	2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
194 bbls	149	45	20

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-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.

D.W. Miller
(Signature)

President

(Title)

11/17/86

(Date)

OIL CONSERVATION COMMISSION

NOV 11 1986

APPROVED _____
Original Signed by **FRANK T. CHAVEZ**

BY _____
SUPERVISOR DISTRICT #

TITLE _____

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

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

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

Supersede Form C-104 must be filled for each pool in mul