

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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-  
Effective 1-1-65

3054/12  
**RECEIVED**  
DIST. 3

Operator 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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
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. 28	Pool Name, including Formation South Lindrith Gallup Dakota	Kind of Lease State, Federal or Fee	Jicarilla Indian	Lease No. 47
Location					
Unit Letter 'L' : 1853 Feet From The south Line and 474' 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 L	Sec. 12	Twp. 23N	Pge. 4W	Is gas actually connected? No	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 Rest'r. <input type="checkbox"/>	Diff. Rest'r. <input type="checkbox"/>
Date Spudded 11/3/86	Date Compl. Ready to Prod. 11/26/86		Total Depth 7625' KB		P.B.T.D. 7581' KB			
Elevations (DF, RKB, RT, GR, etc.) 7445' GR	Name of Producing Formation Gallup Dakota		Top Oil/Gas Pay 6029' KB		Tubing Depth 7466.27' KB			
Perforations Dakota 'D': 7501-7517' KB Gallup: 6029-6504' KB		Greenhorn: 7266-7289' KB Dakota 'A': 7328-7362' KB Tocito: 7061-7063' KB		Depth Casing Shoe 7624' KB				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8"	222' KB	200 sks (236 CF) Class
7 7/8	4 1/2"	7625' KB	1465 sks (2420 CF) B
	2 3/8"	7466.27' 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 11/28/86	Date of Test 11/29/86	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 24 hours	Tubing Pressure 0	Casing Pressure 325 PSI	Choke Size 2"
Actual Prod. During Test 192	Oil - Bbls. 137	Water - Bbls. 55	Gas - MCF 19

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.

L. W. Miller  
(Signature)  
President  
12/2/86  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_  
Original Signed by FRANK T. CHAVEZ  
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 deviate 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 filled for each pool in multiple completed wells.