

FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Effective 1-1-85

Operator
 Chace Oil Company, Inc.
 Address
 313 Washington SE, Albuquerque, NM 87108

Reason(s) for filing (Check proper box)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead 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. 28	Pool Name, including Formation South Lindrith Gallup Dakota	Kind of Lease State, Federal or Fee Indian	Jicarilla	Lease # 47
Location Unit Letter <u>L</u> ; <u>1853</u> Feet From The <u>south</u> Line and <u>474</u> Feet From The <u>west</u>					
Line of Section <u>12</u> Township <u>23N</u> Range <u>4W</u> , NMPM, Rio Arriba Coun					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <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 Sec. Twp. Rge. Is gas actually connected? When
	L 12 23N 4W

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'v.	Diff. Res.
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

(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	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.

RECEIVED
 MAR 24 1987
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (spot, back pr.)	Tubing Pressure (Stat-1a)	Casing Pressure (Stat-1a)	Choke Size

CERTIFICATE OF COMPLIANCE

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 Welker
 (Signature)

Vice President, Production
 (Title)

March 23, 1987
 (Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 24 1987
 BY Frank J. Quigg
 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 deep well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all 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 newly completed wells.