

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  
Effective 1-1-85

RECEIVED  
AUG 20 1987  
OIL CON. DIV.  
DIST. 3

Operator Chace Oil Company	
Address 313 Washington, S.E., Albuquerque, New Mexico 87108	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Apache 47	Well No. 33	Pool Name, Including Formation South Lindrith Gallup Dakota	Kind of Lease State, Federal or Fee Indian	Lease No. 47
Location				
Unit Letter "N" : 661' Feet From The South Line and 1979' 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"/>	Address (Give address to which approved copy of this form is to be sent)
Petro Source Corporation	7443 E. Dreyfus, Scottsdale AZ 85258
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	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
N 12 23N 4W	yes August 18, 1987 8:30 A.M.

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 5/19/87	Date Compl. Ready to Prod. 6/10/87	Total Depth 7571' KB	P.B.T.D. 7524' KB
Elevations (DF, RKB, RT, CR, etc.) 7379' GR	Name of Producing Formation Gallup Dakota	Top Oil/Gas Pay 5964' KB	Tubing Depth 7377.01' KB
Perforations Dakota "D": 7433-7447' Dakota "A": 7270-7288' Greenhorn: 7190-7210' Tociito: 6978-6982' Gallup: 5964-6413'	Depth Casing Shoe 7570' KB		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	234' KB	170 sks (200 cf)
7 7/8"	4 1/2"	7571' KB	1485 sks (2473 cf)
---	2 3/8"	7377.01' KB	
S.N. @ 7340.65' 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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 6/11/87	Date of Test 6/12/87	Producing Method (Flow, pump, gas lift, etc.) swabbing	
Length of Test 24 hours	Tubing Pressure 0	Casing Pressure 390 psi	Choke Size 2"
Actual Prod. During Test 206 bbls	Oil - Bbls. 161 bbls.	Water - Bbls. 45 bbls.	Gas - MCF 22 mcf

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, 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.

Frank Welker  
(Signature)

Vice President Production

(Title)

August 19, 1987

(Date)

OIL CONSERVATION COMMISSION

AUG 20 1987

APPROVED

BY

Original Signed by FRANK T. CHAVEZ

TITLE

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 deeper 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 all able on new and recompleted wells.

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

Separate Forms C-104 must be filled for each pool in multi-