Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instruction at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		OR ALLOWAE						
L	TOTR	ANSPORT OIL	AND NAT	URAL GA	S			
Operator Chace Oil Company, Inc.					Well API No. 30-039-24150			
Address 313 Washington SE,	Albuquerque,	NM 87108						
Reason(s) for Filing (Check proper box)		<u></u>	Other	(Piease expla	in)			
New Well		in Transporter of:	_					
Recompletion	où [2	Dry Gas						
Change in Operator	Casinghead Gas	Condensate						
if change of operator give name								
and address of previous operator				<u></u>		Jicar	.:11-	
IL DESCRIPTION OF WELL	Well No. Pool Name, Including Formation				Kind o	(Lese India		
Lease Name Jicarilla Tribal Con		South Lind	rith Gall	up-Dakot	ta State, l	rederal or Fee	47	
Location								
Unit Letter H	. 2064	Feet From The No.	rth Line	and 358	Fe	t From The	East Line	
					_	ta manata a	_	
Section 11 Towns	hip 23N	Range 4W	, NM	PM,	R	<u>io Arriba</u>	County	
III. DESIGNATION OF TRA	NSPORTER OF	OIL AND NATU	RAL GAS		*_1		is to be sent	
Name of Authorized Transporter of Oil X or Condensate Giant Refining Company			Address (Give			copy of this form on, NM 87		
Name of Authorized Transporter of Cas	inghead Gas X	or Dry Gas	1			copy of this form		
El Paso Natural Gas	Č.		P.O. Box	k 1492, 1	El Paso,	TX 79978	}	
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	l .		When	-	105	
ive location of tanks.	H 111	23N 4W		res		11/10	/87	
If this production is commingled with the	at from any other lease (or pool, give comming	ling order mumb	er				
IV. COMPLETION DATA	Oil W	ell Ges Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v	
Designate Type of Completion			Total Depth	•	L	P.B.T.D.		
Date Spudded	Date Compl. Ready	110 P100.	I com sope			F.B.1.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producis		Formation Top Oil/Gas Pay		a y	Tubing 1		Depth	
Purforations					Depth Casing Shoe			
		C C C C C C C C C C C C C C C C C C C	CEL CELED	IC PECOP	<u> </u>			
	TUBING, CASING AN			DEPTH SET		SACKS CEMENT		
HOLE SIZE	CASING	CASING & TUBING SIZE		DEP IN GET				
						1		
V. TEST DATA AND REQU	EST FOR ALLO	WABLE					LE LA E M	
OIL WELL (Test must be after	er recovery of total volu	me of load oil and mu	n be equal to or	exceed top all	owable for the		mars sough	
Date First New Oil Run To Tank	Date of Test		Producing Ma	sthod (Flow, pa	anto' Sen rêr' (/1 1 1000	
			Casing Press	IP-		MAY Choke Size	1 1 1989	
Length of Test	Tubing Pressure		Canng 11	Caung Freature			ON DIV	
	Oil - Bbis.		Water - Bbis	Water - Bhis			VIX. LIV.	
Actual Prod. During Test	Ou - Boir.			·		L	DIST. 3	
GAS WELL								
Actual Prod. Test - MCF/D	Length of Test	Length of Test		mic/MMCF	.,	Gravity of Co	adensate	
			Casing Pressure (Shut-in)			***		
Testing Method (picot, back pr.)	t pr.) Tubing Pressure (Shut-in)					Choke Size		
THE OWNER A MODE CALLED	TCATE OF CO	ADI TANCE	-lr			1		
VI. OPERATOR CERTIF	(OIL CONSERVATION DIVISION						
I hereby certify that the rules and rules on Division have been complied with:	egulations of the Oil Co	mervanon given above		•			*	
is true and/complete to the best of	my knowledge and belie	ਮੂੰ.	Date	Annrow	_{od} 1	MAY 1 1 19	188	
			Date Approved MAY 11 1989					
trank a. Welber			By Brief Chang					
Signature	Vice Proci	iont Producti	By_					
Frank A. Welker		Vice President Production Tale 505/266-5562			SUPERVISION DISTRICT # 3			
Printed Name 5/5/89	505/2	266-5562	11 11110					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.