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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

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

RECEIVED
FEB 06 1990
OIL CON. DIV. 30151N
DIST. 3

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

I.

Operator Chace Oil Company	Well API No. 30-039-24341
Address 313 Washington SE, Albuquerque, NM 87108	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Tribal Contract 47	Well No. 34	Pool Name, including Formation South Lindrith Gallup-Dakota	Kind of Lease State, Federal or Fee	Lease No. Jic Cont 47
Location Unit Letter H : 2310 Feet From The North Line and 800 Feet From The East Line Section 14 Township 23N Range 4W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 256, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	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 H	Sec. 14	Twp. 23N	Rge. 4W	Is gas actually connected?	When ?
If this production is commingled with that from any other lease or pool, give commingling order number.						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12/18/89	Date Compl. Ready to Prod. 1/26/90		Total Depth 7425' KB		P.B.T.D. 7378' KB			
Elevations (DF, RKB, RT, GR, etc.) 7296' GR	Name of Producing Formation Gallup-Dakota		Top Oil/Gas Pay Gallup: 5804' KB		Tubing Depth S.N. @ 7239.82' KB 7271.38' KB			
Performances Gallup: 5804-6286' KB Tocito: 6862-6864' KB Greenhorn: 7046-7068' KB Dakota A: 7124-7138' KB Dakota D: 7284-7296' KB 7425' KB								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 225' KB		SACKS CEMENT 175 sks (206.5 cf)			
7 7/8"	4 1/2"		7425' KB		1900 sks (3069 cf)			

V. 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 Tank 1/26/90	Date of Test 1/29/90	Producing Method (Flow, pump, gas lift, etc.) swabbing	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure 390 psi	Choke Size 2"
Actual Prod. During Test 163 bbls.	Oil - Bbls. 116 bbls.	Water - Bbls. 47 bbls.	Gas- MCF 54 mcf

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Frank A. Welker
Printed Name Frank A. Welker Vice President Production
Date 1/30/90 Telephone No. (505) 266-5562

OIL CONSERVATION DIVISION

FEB 08 1990
Date Approved _____
By Supervisor
Title SUPERVISOR DISTRICT #3

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