HO. OF COPIES RECEIVED				
DISTRIBUTION				
SANTA FE				
FILE		1	11	
ین.s.G. s.		<u> </u>		
LAND OFFICE		L		
TRANSPORTER	OIL			
	GAS			
OPERATOR		\coprod		
PROPATION OFFICE		<u></u>	<u> </u>	

November 8, 1974

į.	DISTRIBUTION		NSERVATION COMMISSION	Form C -104 Supervedes Old C-104 and C-110		
-	SANTA FE	REQUEST FOR ALLOWABLE		Effective 1-1-65		
	FILE	AUTHORIZATION TO TRAN	AND ISPORT OIL AND NATURAL (ias a V		
-	LAND OFFICE	AUTHORIZATION TO TRAF	ASPORT OIL AND HATOKAL C	21		
t	OIL /			6		
	TRANSPORTER GAS			,		
1	OPERATOR /	1				
1.	FRORATION OFFICE					
	Chace Oil Company		· · · · · · · · · · · · · · · · · · ·			
	Address 313 Washington, S.	E., Albuquerque, New	Mexico 87108			
l	Reason(s) for filing (Check proper box)	Other (Please explain)			
-	New Weil	Change in Transporter of: Oil Dry Gas				
	Recompletion	Oil Dry Gas Casinghead Gas Condens	严 l			
i	Change in Ownership					
	If change of ownership give name and address of previous owner					
II .	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	rmation Kind of Leas	• Federal Lease No.		
	Rusty Federal	1 Undesignated		nM0554433		
	Location			The East		
	Unit Letter P ; 80	00 Feet From The South Line	and 800 Feet From	The Last		
	Line of Section 11 To	wnship 22N Range	7W , NMPM, Sando	oval County		
111	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which appro	and some of this form is to be sent)		
111.	Name of Authorized Transporter of Of	or Condensate	1	1		
	The Permian Corpor	ration	P.O. Box 1702, Farm	oved copy of this form is to be sent)		
	Name or Authorized Transporter of Co	isingnad Gds				
		Unit Sec. Twp. P.ge.	is day actually comments	hen		
	If well produces oil or liquids, give location of tanks.	P 11 22N 7W	No			
	If this production is commingled w	ith that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Designate Type of Complete		1	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	3587'		
	7-31-74	10-25-74 Name of Producing Formation	4100 ' Top Oil/Gas Pay	Tubing Depth		
	GR 6990 GR, RKB, RT, GR, etc.)	Menefee	3383	None		
	Perforations	Heneree		Depth Casing Shoe		
		TUBING, CASING, AND CEMENTING RECORD				
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	8-5/8"	93'	75		
	7-778"	2-7/8"	3671'	500		
		COP ALLOWARIE (Test must be a	after recovery of total volume of load o	il and must be equal to or exceed top allow-		
V	able for this depth or be for full 24 hours					
	Date First New Orl Pain To Tanks	Date of Test 11-7-74	Pump			
	11-7-74 Length of Teet	Tubing Pressure	Casing Pressure	Choke Size		
	24 hrs.	None	10 psig	2 ¹¹ Gas-MCF		
	Actual Prod. During Test 144	Oil-Bble. 48	96	15		
	177					
	GAS WELL Actual Prod. Tool-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	I noted bissems (Sunt-In)				
٧I	VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSER	OIL CONSERVATION COMMISSION		
-			APPROVED //-//, 19 74 BY 11TLE			
	/\		TITLE 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 deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for silowable to the section of the section wells.			
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	tance //	V. Caref				
	150	(gnature)				
	President	77(1)	All sections of this form	must be miled out completely for allow wells.		

well, this form must be set and accordance with RULE 111.

All sections of this form must be filled out completely for silone able on new and recompleted wells.

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