Submit 5 Copies
Appropriate District Office
DISTRICT 1
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 Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

Santa Fe, New Mexico 87504-2088

I		TO THA	NSP	ORI O	IL AND	NA	UHAL GA	15	DI No				
Operator Chace Oil Company, Inc.									Well API No. 30 043 20186				
Address 313 Washington SE, Albu	querqu	ie, Nev	v Me:	xico 8	37108								
Reason(s) for Filing (Check proper box)						Othe	x (Piease expla	iin)					
New Well Recompletion Change in Operator	Change in Transporter of: Oil X Dry Gas Effe Casinghead Gas Condensate							fective	ective: June 3, 1989				
If change of operator give name								-					
and address of previous operator													
IL DESCRIPTION OF WELL A	IND LE	ASE			£ F	4:		Vind 4	Lesse In	dian 1	ease No.		
Lease Name Chace Apache 54	Well No. Pool Name, Including 2 West Lindri								Federal or Fee 54				
Location I brit Letter & H	. 18	50	Foot 1	From The N	orth	Line	and90] Fe	et From The .	Fast	Line		
<u> </u>						·			ndoval County				
Section 34 Township 23N Range 3W , NMPM, Sandoval County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS													
Address (Green address to which approved corn of this form it to be stall)													
							P. O. Box 256, Farmington, NM 87499						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas						Address (Give address to which approved							
El Paso Natural Gas Com	pany				P. O. Box 1492, El Pa								
If well produces oil or liquids,	Unit G				is gas actually connected? Ves			When? 7/14/77					
give location of tasks.										14///			
If this production is commingled with that f IV. COMPLETION DATA	ош жу от	Mar Marke Of	pout, j	pve consin	And one		 -						
		Oil Well		Ges Well	Now '	Veli	Workover	Deepea	Plug Back	Same Res'v	Diff Rerv		
Designate Type of Completion -		1			Total D		L	<u></u>	P.B.T.D.		1		
Date Spacked	Date Compl. Ready to Prod.					Total Depth				P.B.I.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil	Top Oil/Gas Pay			Tubing Depth				
Perforations									Depth Casis	og Shoe			
TUBING, CASING AND CEMENTING RECORD													
HOLE SIZE		SIZE		DEPTH SET				SACKS CEMENT					
THE GEE													
									ļ. —				
V. TEST DATA AND REQUES	T FOR	WOLLA	ARL	<u> </u>					.l				
OIL WELL (Test must be after n	covery of t	otal volume	of ion	_ d oil and m	ust be aqua	to 01	exceed top all	owable for the	444	for full 26 for	G) (2)		
Date First New Oil Run To Tank	Date of Test				Produc	Producing Method (Flow, pump, gas lift, a				THE GETTE			
Length of Test	Tubing Pressure				Casing	Casing Pressure				MAY 2 4 1989			
Actual Prod. During Test	Oil - Bbis.				Water -	Water - Bbis.				Car MC			
						Dane. 3							
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. C	Bbis. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitat, back pr.)	Tubing Pressure (Shut-m)				Casing	Casing Pressure (Shut-in)			Choke Size				
VL OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION							
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.						Date Approved MAY 24 1989							
trank a. Willey						By							
Frank A. Welker, Vice President Production						Title SUPERVISION DISTRICT # 8							
Printed Name 5/19/89 505/266-5562 Title						Title)	SUPERV	ISION D	STRICT	# -		
Date Telephone No.													

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) Senarate Form C-104 must be filed for each pool in multiply completed wells.