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SANTA FE				
FILE				
U.S.G.S.		i		
LAND OFFICE				
TRANSPORTER	OIL	Ĭ	Ĺ	
INANSPORTER	GAS	$\prod \bot$		
OPERATOR				
PRORATION OFFICE				
Operator				
CHACE OIL COMPANY				

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
-	FILE		AND		
1	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL G	AS	
}	LAND OFFICE				
Ì	TRANSPORTER GAS				
- }	OPERATOR /			· ·	
PRORATION OFFICE Operator					
- 1	CHACE OIL COMPANY,	TNC.			
ŀ	Address	1110			
	313 Washington S.	E. Albuquerque	e, NM 87108		
l	Reason(s) for filing (Check proper box)		Other (Please explain)		
ļ	New Well	Change in Transporter of:			
ŀ	Recompletion	Oil Dry Gas			
	Change in Ownership	Casinghead Gas Condens	ate .		
ì					
	If change of ownership give name and address of previous owner	•			
	and address of previous owner.				
II.	DESCRIPTION OF WELL AND I	EASE			
i	Lease Name	Well No. Pool Name, including For	•	N(H)= =	
	Rusty Navajo	1-XY Rusty Ch	nacra State, Federal	or Fe'Indian 14-20-	
	Location			_ 5358	
	Unit Letter "A"; 79	O Feet From The North Line	and 800 Feet From T	he East	
		0.00			
	Line of Section 23 Tow	nship 22N Range /	/W, ммрм, San	doval County	
			_		
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approv	ed copy of this form is to be sent)	
	Name of Authorized Transporter of Oil	or Condensate	Addiess (Othe daties to mine approx	, , , , , , , , , , , , , , , , , , , ,	
		inghead Gas or Dry Gas X	Address (Give address to which approx	ed copy of this form is to be sent)	
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 21		(Ca (Cap) () (100)	
	Chace Oil Company		Same as above Is gas actually connected? Whe	·n	
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	No	1-9-78	
	give location of tanks.			1-9-70	
	If this production is commingled wit	n that from any other lease or pool, g	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
	Designate Type of Completio		X	1 1	
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded	·	1931	1850	
	1-31-76 Elevations (DF, RKB, RT, GR, etc.)	2-25-76 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	6850 1	vations (Dr., ARD, A1, GR, etc.) Hame of free and a		1765	
				Depth Casing Shoe	
	Perforations 1667-70, 1672-93,	1698-1700 1759-63	1/SPF	1850	
	1007-70, 1072-93,	TUBING, CASING, AND			
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	13-1/2"	8-5/8 ¹¹	92'	80 sxs	
	7-7/8"	4-1/2"	1877'	260 sxs	
	7-770	4-1/2	2077		
	The same province in	DR AT LOWART E (Test must be of	ter recovery of total volume of load oil	and must be squal to or exceed top allow-	
V.	TEST DATA AND REQUEST FOIL WELL	able for this de	pth or be for full 24 hours)		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etgi)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF	
	1				
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	61	3 hrs.			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Back Press	361	395	3/4"	
v	CERTIFICATE OF COMPLIAN	RTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION			
¥ 1	. Carrie Ciria Ci Com and			:	
	I haveby cartify that the rules and	regulations of the Oil Conservation	APPROVED, 19		
	above is true and complete to the best of my knowledge and belief.		Original Signed Communication		
			gragi		
	//: / /	TITLE BUCGAS SELVE STORY			
	1 Lich		This form is to be filed in compliance with RULE 1104.		

Mian Secretary

January 5, 1978

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 allowable on new and recompleted wells.

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