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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

B.R.

Operator Chace Oil Company, Inc.	
Address 313 Washington S.E. Albuquerque, NM 87108	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chace Apache 15	Well No. 1	Pool Name, Including Formation Chacon Dakota	Kind of Lease State, Federal or Fee Indian	Lease No. 15
Location Unit Letter A 790' Feet From The NL Line and 790 Feet From The EL				
Line of Section 20 Township T23N Range 3W, NMPM, Sandoval 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"/> Inland Corporation	Address (Give address to which approved copy of this form is to be sent) 5101 East Main, Farmington, NM					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Tex. 79978					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 20	Twp. 23N	Rge. 3W	Is gas actually connected? Yes	When 7-26-77

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-27-77	Date Compl. Ready to Prod. 3-13-77		Total Depth 7650		P.B.T.D. 7620			
Elevations (DF, RKB, RT, GR, etc.) 7224 GR	Name of Producing Formation Dakota		Top Oil/Gas Pay 7233		Tubing Depth 7340			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 13 1/2" 7-7/8"	CASING & TUBING SIZE 10-3/4" 4 1/2" 2-3/8"		DEPTH SET 200 7660 7340		SACKS CEMENT 160 sxs 1000 sxs			

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)

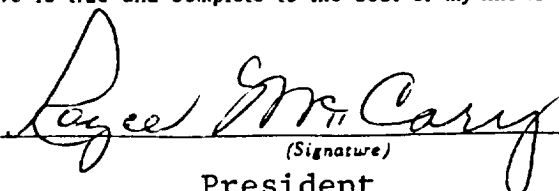
Date First New Oil Run To Tanks 3-13-77	Date of Test 7-27-77	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 975	Casing Pressure 1280	Choke Size 20/64
Actual Prod. During Test 188 Bbls & 420 Mcf	Oil-Bbls. 188	Water-Bbls. 4	Gas-MCF 420

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. CERTIFICATE OF COMPLIANCE

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


(Signature)

President
(Title)

8-7-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

Original Signed by A. R. Kendrick
BY _____

TITLE SUPERVISOR DIST. #

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 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.