DISTRIBUTION SANTA FE FILE	TAFE REQUEST F		Form C -104 Superacdes Old C-104 and Effective 1-1-65
U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS
Chace Oil Company, Inc	Albuquerque, NM 87108	Fil T	
Chace Apache 15 Location Unit Letter 'A':	D LEASE Well No. Pool Name, Including F 1 West Lindrith (Gallup-Dakota Signe, Fede	tecse ral or Fee Indian 15
DESIGNATION OF TRANSPOR	Permian (Eff. 9 / 1 /87)	P.O. Box 1183, Houston,	roved copy of this form is to be sent) TX 77001
Name of Authorized Transporter of C El Paso Natural Gas Co If well produces oil or liquids, give location of tanks.		P. O. Box 1492, El Paso	o, TX 79978 Then July 26, 1977
If this production is commingled w. COMPLETION DATA Designate Type of Complet Date Spudded 2/27/77	ion - (X) Oil Well Gas Well XX Date Compl. Ready to Prod.	New Well Workover Deepen XX	Plug Bock Same Res'v. Diff. R
Elevations (DF, RKB, RT, GR, etc.) 7224 GR Perforations		Тор ОЦ/Gas Рау 72331	Tubing Depth 7340 t Depth Cesting Shoe
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST I	FOR ALLOWABLE Test must be a able for this de	ifter recovery of total volume of load o opin or be for full 24 hours)	Il and must be equal to or exceed top s
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	hift, etc.)
Length of Test	Tubing Pressure	Ccaing Pressure	Cheke Size
Actual Pred. During Test	Oil-Bble.	Waier-Bble JUN 2 1 1384	Gas-MCF
GAS WELL		DIST. 3	
Actual Prod. Test-MCF/D Testing Method (pitot, back ps.)	Length of Test Tubing Pressure(Shot-in)	Bbls. Condensore/AMCF Cosing Pressure (Sbut-in)	Choke Size
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION APPROVED JUN 21/1984	
Commission have been complied	regulations of the Oil Conservation with and that the information given be best of my knowledge and belief.	APPROVED Strand	J. Class

President

June 18, 1984

(Title)

(Date)

This form is to be filed in compliance with RULE 1104.

SUPERVISOR DISTORT # 3

If this is a request for allowable for a newly drilled or deeps well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I. II. III. and VI for changes of ow cell name or number, or transporter, or other such change of condi-

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