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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR		1	
PRORATION OFFICE			

## NEW MEXICO OIL CONSERVATION COMMISSION

10

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11			
	U.S.G.S.  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA			Effective 1-1-65			
	LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	_ GAS			
	TRANSPORTER OIL						
	OPERATOR /	1		•			
1.	PRORATION OFFICE	<u> </u>		•			
	CHACE OIL COMPA	ANTY					
	Address OIL COMP	HIN I					
	313 Washington	l3 Washington S.E. Albuquerque, NM 87108					
	Reason(s) for filing (Check proper box New Well	on(s) for filing (Check proper box)  Other (Please explain)					
	Recompletion	Change in Transporter of: Oil Dry G	gs 🗔				
	Change in Ownership		ensate 🗍				
	If change of ownership give name and address of previous owner						
Œ.	DESCRIPTION OF WELL AND	I.FASF	AN-1				
	Lease Name	Well No. Pool Name, Including F	1	Indian NOUS Cho. 1			
	RUSTY NAVAJO	6 RUSTY CHA	CRA State, Fed	eral or Fee Indian 20-5362			
		90 Feet From The NL Lin	ne and 1190 Feet Fro	m The EL			
	27			dova 1			
	<b>L</b>			County County			
M.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA		proved copy of this form is to be sent)			
			results force address to which app	noved copy of this join is to be sent)			
	Name of Authorized Transporter of Cas	<del></del>	Address (Give address to which app	proved copy of this form is to be sent)			
	Chace Oil Company			E. Albuquerque, NM			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected?	When			
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:				
	Designate Type of Completion	on - (X)   Gas Well   X	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.			
	Date Spudded 5-3-77	Date Compl. Ready to Prod. 1-20-78	Total Depth 1920	P.B.T.D. 1883			
	Elevations (DF, RKB, RT, GR, etc.) 6731 GR	Name of Producing Formation Chacra	Top Oil/Gas Pay 1440	Tubing Depth 1580			
	Perforations	L498-1502, 1549-53 &		Depth Casing Shoe 1883			
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	10-5/8" 7-7/8"	8-5/8" 4-1/2"	631	100 Neat			
}	7-778	4-1/2**	1893"	170 50-50 posmi			
į							
	TEST DATA AND REQUEST FO			il and must be equal to ar exceed top allow-			
ĺ	OII. WEI.L able for this depth or be for full 24 hours)  Date First New Cil Run To Tanks   Date of Test   Producing Method (Flow, pump, gas lift, etc.)						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
ŀ	Actual Prod. During Test	Oil-Bble.	Water - Bbls.				
l.				Gas MCP OIL OIC			
_	GAS WELL						
	Actual Prod. Test-MCF/D 272	Length of Test  3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate			
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	None Casing Pressure (Shut-in)	Choke Size			
L	Back Pressure	320	470	3/4"			
V1.	CERTIFICATE OF COMPLIANC	CE	18	ATION-COMMISSION			
			APPROVED	19			
(	hereby certify that the rules and re Commission have been complied w	ith and that the information given	By Original Signed by A. R. Kendrick SUPERVISOR DIST. #3				
•	above is the and complete to the	best of my knowledge and belief.					
			TITLESUZERVISOR DIST. #3				
	to all m	Clauni	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				
-	(Signa	iwe)					
	Presiden	it U	tests taken on the well in acc	ordance with RULE 111. nust be filled out completely for allow-			
_	March $1^{7}$	<sup>(e)</sup> 1978	able on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of owner,				
-	(Date)		Fill out only Sections I, well name or number, or transport	II. III, and VI for changes of owner, or other such change of condition.			