	NO. OF COPIES RECEIVED]		أسا	
	DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form Calon	
	NTA FE		FOR ALLOWABLE / 20	Form C-104 Supersedes Old C-104 and C-110	
U.S.G.S. ALITHOPIZATION TO TRANSPORT OUT AND MATURAL			-17-8 Effective 1-1-65		
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			GAS	
—	RANSPORTER OIL	j			
	GAS		P. T.		
<u> </u>	PERATOR	-			
# · L	RORATION OFFICE				
	Chace Oil Company, I	Inc.		Company in	
Ade	313 Washington, SE, Albuquerque, NM 87108				
			OIL C	ON. D(V.	
	Reason(s) for filing (Check proper box) New Well Change in Transporter of:			DIST. 3	
1	completion []	Oil Dry Go	as []		
	Change in Ownership Casinghead Gas Condensate				
	If change of ownership give name and address of previous owner				
H DE	CODIDITION OF WELL AND I	LEASE			
	DESCRIPTION OF WELL AND LEASE Lease Name Chace Apache 15 Well No. Pool Name, Including Formation Chace Apache 15 Undesignated Gallup Kind of Lease State, Federal or Fee Indian 15				
Lo	'F' 1805 west 1850 north				
	Unit Letter; 1805 Feet From The West Line and 1850 Feet From The north				
	Line of Section 20 Township 23N Range 3W , NMPM, Sandoval County				
Chie of Section 1.5 many Country					
III. <u>DE</u>	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Ne	me of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro		
-	Permian Corporation me of Authorized Transporter of Cas	inghead Gas or Dry Gas	P. O. Box 1702, Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent)		
1 20	El Paso Natural Gas Company		P. O. Box 1492, El Paso, TX 79978		
1,,	well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When 15-1/8		
	give location of tanks. F 20 23N 3W Yes -6/26/78				
If this production is commingled with that from any other lease or pool, give commingling order number:					
IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'r, Diff				Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio	n-(X) X	x		
Da	te Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	8/2/77	12/16/82	7525'	7459'	
Ele		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Per	/25/ GR	Gallup, Greenhorn, Toci	to 6052'	7280 Depth Casing Shoe	
	Gallup: 6052'-6215', Tocito: 6759'-6876'; Greenhorn: 7055'-7074' 7519				
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	7 7/8"	8 5/8" 4 1/2"	239 7459	200 sks	
	, ,, 0	-2 3/8	7280	500 sks	
			1		
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-					
OH	OIL WELL able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				
Dai	12/16/82	1/14/83	Pump	, , , ,	
Lei	ngth of Test	Tubing Pressure	Casing Pressure	Choke Size	
	24 hours	68 PSI	155 PSI	3/4" Gas-MCF	
Act	tual Prod. During Test	O::-Bbis.	Water - Bble.		
<u> </u>	11.5 bbl.	_ 8.5	3		
G 4	GAS WELL				
	tual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Te	sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI CE	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
vi. CE.	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED JAN 27 1983		
I he				<u>JAN & (1583</u>	
Con	emission have been complied w	ith and that the information given best of my knowledge and belief.	BY		
	1		TITLE SUPERVISOR DISTRICT # 3		
	11/1/	ク			
	12/11/11	Teller	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		
	(Signal				
	President (Title)		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.		
1/26/83			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.		
	(Date)			t be filed for each pool in multiply	
į.			completed wells.		