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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"/>
Name change from Chace apache to Chace apache 15	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chace Apache JICARILLA 15	Well No. 2	Pool Name, Including Formation CHACON DAKOTA	Kind of Lease State, Federal or Fee INDIAN	Lease No. 15
Location				
Unit Letter I	1775	Feet From The SL	Line and 1000'	Feet From The EL
Line of Section 20	Township 23N	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"/>	Address (Give address to which approved copy of this form is to be sent)					
INLAND CORPORATION						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
EL PASO NATURAL GAS COMPANY						
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 20	Twp. 23N	Rge. 3W	Is gas actually connected? NO	When Est. 10-15-77

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-18-77	Date Compl. Ready to Prod. 8-8-77	Total Depth 7486'	P.B.T.D. 7384'					
Elevations (DF, RKB, RT, GR, etc.) 7250 GR 7263 RKB	Name of Producing Formation DAKOTA A & B	Top Oil/Gas Pay 7152 - 7212 7258 - 7290	Tubing Depth 7176'					
Perforations 7154 - 82', 7203 - 09' and 7264 - 7278'			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11-1 1/2	8-5/8	246	155					
7-7/8	4-1 1/2	7412	900					

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)

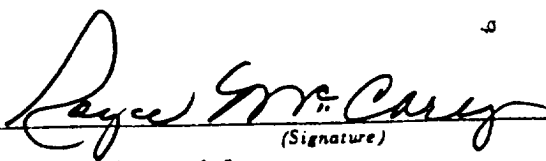
Date First New Oil Run To Tanks 8-11-77	Date of Test 9-10-77	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 400#	Casing Pressure 850#	Choke Size 3/4"
Actual Prod. During Test Same as Shown	Oil - Bbls. 78	Water - Bbls. 0	Gas - MCF 176

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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)  
9-26-77  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 1977  
BY Original Signed by J. R. [Signature]  
TITLE \_\_\_\_\_

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.