

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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

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

I.

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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chace Apache 54	Well No. 3	Pool Name, Including Formation West Lindrith Gallup-Dakota	Kind of Lease Jicarillo	Lease No. 54
Location Unit Letter 'O' : 990 Feet From The SL Line and 1850 Feet From The EL				
Line of Section 34 Township 23N Range 3W, NMPM, Sandoval Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Oil Corporation Permian (Est. 9/1/87)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492 El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 34	Twp. 23N	Range 3W	Is gas actually connected? Yes	When 7-13-78

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't. <input type="checkbox"/>	Diff. Res't. <input type="checkbox"/>
Date Spudded 4-28-73	Date Compl. Ready to Prod. 5-27-78		Total Depth 7380		P.B.T.D. 7231			
Elevations (DF, RKB, RT, CR, etc.) 7193' GR	Name of Producing Formation Gallup-Dakota		Top Oil/Gas Pay 6910'		Tubing Depth 6932'			
Perforations 7910' - 6938' & 7010' - 7038'					Depth Casing Shoe 7263			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 oil 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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.

L. W. Miller
(Signature)

President

(Title)

June 18, 1984

(Date)

OIL CONSERVATION COMMISSION

JUN 21 1984

APPROVED

BY

SUPERVISOR DISTRICT # 3

TITLE

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

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat 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 own well name or number, or transporter, or other such change of condit

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