

|                   |     |  |
|-------------------|-----|--|
| SANTA FE          |     |  |
| FILE              |     |  |
| U.S.G.S.          |     |  |
| LAND OFFICE       |     |  |
| TRANSPORTER       | OIL |  |
|                   | GAS |  |
| OPERATOR          |     |  |
| PRODUCTION OFFICE |     |  |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104  
Effective 1-1-85

I. Operator:  
Chace Oil Company, Inc.

Address:  
313 Washington SE, Albuquerque, NM 87108

Reason(s) for filing (Check proper box):  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain):

If change of ownership give name  
and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE

|  |               |   |   |             |
|--|---------------|---|---|-------------|
| Lease Name<br>Chace Apache 54  | Well No.<br>9 | Pool Name, Including Formation<br>West Lindrith Gallup Dakota | Kind of Lease<br>State, Federal or Fee Indian | Lease<br>54 |
| Location:<br>Unit Letter C : 1000 Feet From The north Line and 1850 Feet From The west<br>Line of Section 3 Township 22N Range 3W , NMPM, Sandoval |               |   |   |             |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |
|---|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Conoco, Inc.                        | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1429, Bloomfield, NM 87413 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1492, El Paso, TX 79978    |
| If well produces oil or liquids,<br>give location of tanks.   | Unit C Sec. 3 Twp. 22N Rge. 3W<br>Is gas actually connected? When  |

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                    | Gas Well | New Well        | Workover | Deepen            | Plug Back | Same Res't. | Diff. |
|--------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|-------------|-------|
| Date Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |             |       |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |             |       |
| Perforations                         |                             |          |                 |          | Depth Casing Shoe |           |             |       |
| 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 is  
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/MCF      | Gravity of Condensate |
| Testing Method (pilot, 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.

Frank Welker  
(Signature)

Vice President Production

March 21, 1988

(Title)

(Date)

OIL CONSERVATION COMMISSION

MAR 23 1988

APPROVED \_\_\_\_\_, 19\_\_

BY \_\_\_\_\_

TITLE SUPERVISION DISTRICT # 3

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or d  
well, this form must be accompanied by a tabulation of the d  
tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of  
well name or number, or transporter, or other such change of c

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