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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 C-110
Effective 1-1-65

B.K.

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

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name Jicarilla 70	Well No. 1	Pool Name, Including Formation S. Lindrith Gallup Dakota
Kind of Lease State, Federal or Fee Indian		70
Location Unit Letter M 620 Feet From The west Line and 490 Feet From The south		
Line of Section 33 Township 24N Range 4W, NMPM, R.A. County		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	The Permian Corporation	P. O. Box 1702 Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	El Paso Natural Gas Company	P. O. Box 1492 El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit M Sec. 33 Twp. 24N Rge. 4W	Is gas actually connected? No	When? Waiting on pipeline

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)		X				X			X
Date Spudded 6/28/80	Date Compl. Ready to Prod. 9/27/80	Total Depth 6288'		P.B.T.D. 6267'					
Elevations (DF, RKB, RT, GR, etc.) 7004 DF	Name of Producing Formation Gallup	Top Oil/Gas Pay 5915'		Tubing Depth 6115'					
Perforations 5915 - 6115		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD						SACKS CEMENT			
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET					
7-7/8"		7"		2851		500 SXS			
6-1/2"		4-1/2"		6274		200 SXS			

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 9-22-80	Date of Test 9-27-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 150#	Casing Pressure 180#	Choke Size 225
Actual Prod. During Test	Oil-Bbls. 50	Water-Bbls. 10	

GAS WELL		Bbls. Condensate/MMCF		Gravity of Gas	
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (Shut-in)		Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				

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.

Reginald M. Casey
(Signature)
President
(Title)
September 29, 1980
(Date)

OIL CONSERVATION COMMISSION
OCT 21 1980

APPROVED _____, 19____
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 2

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