

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 1-1-85

I. 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 type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 363	Well No. 2	Pool Name, including Formation South Lindrieth Gallup Dakota	Kind of Lease State, Federal or Free Indian	Lease 363
Location Unit Letter <u>N</u> : <u>990</u> Feet From The <u>south</u> Line and <u>1650</u> Feet From The <u>west</u> Line of Section <u>21</u> Township <u>24N</u> Range <u>4W</u> , NMPM, Rio Arriba				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, NM 87413				
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 N	Sec. 21	Twp. 24N	Rge. 4W	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'r.	DIFL.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, 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 off and must be equal to or exceed allowable 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
(Title)
March 21, 1988
(Date)

OIL CONSERVATION COMMISSION

MAR 23 1988

APPROVED _____, 19__

BY Burt J. Chaff

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
well, this form must be accompanied by a tabulation of the
tests taken on the well in accordance with RULE 111.

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

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

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