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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

API 30-039-21825

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 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"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 70	Well No. 6	Pool Name, including Formation S. Lindrith Gallup-Dakota	Kind of Lease Indian State, Federal or Fee	Lease No. 70
Location Unit Letter "A" ; 790 Feet From The north Line and 790 Feet From The east Line of Section 27 Township 24N Range 4W , NMPM, Rio Arriba 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"/> The Permian Corporation Permian (Lit. 9/17/77)	Address (Give address to which approved copy of this form is to be sent) 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	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 "A"	Sec. 27	Twp. 24N	Pge. 4W	Is gas actually connected? No	When Soon

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

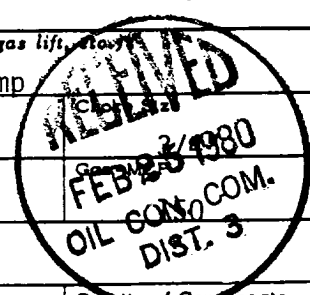
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X							
Date Spudded 12/3/79	Date Compl. Ready to Prod. 1/24/80		Total Depth 7543'		P.B.T.D. 7470'			
Elevations (DF, RKB, RT, GR, etc.) 7059 GR	Name of Producing Formation Gallup & Dakota		Top Oil/Gas Pay Gallup 6260' Dakota 7190'		Tubing Depth 7224'			
Perforations Dakota 7193 - 7266	Gallup 6260 - 6394				Depth Casing Shoe 7511'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-5/8"	8-5/8"		240'		200 SXS			
7-7/8"	4-1/2"		7511'		700 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 2/15/80	Date of Test 2/18/80	Producing Method (Flow, pump, gas lift, flow) Pump
Length of Test 24 hrs.	Tubing Pressure 150	Casing Pressure 600
Actual Prod. During Test	Oil - Bbls. 39	Water - Bbls. 0



GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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.

Loyce M. Carr  
(Signature)  
President  
(Title)  
2/21/80  
(Date)

OIL CONSERVATION COMMISSION

MAR 5 1980

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

BY Original Signed by FRANK I. CHAVEZ

TITLE SUPERVISOR 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 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.