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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.

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 checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input 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 70	Well No. 7	Pool Name, Including Formation S. Lindrith Gallup Dakota	Kind of Lease State, Federal or Fee Indian	Lease No. 70
Location Unit Letter "I" 1850 Feet From The South Line and 790 Feet From The East				
Line of Section 27 Township 24N Range 4W, NMPM, R.A. 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	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 I	Sec. 27	Twp. 24N	Rge. 4W
	Is gas actually connected?		When	
	No		Waiting on pipeline	

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8/9/80	Date Compl. Ready to Prod. 9/26/80		Total Depth 7500		P.B.T.D. 7451			
Elevations (DF, RKB, RT, GR, etc.) 7055 GR	Name of Producing Formation Gallup-Dakota		Top Oil/Gas Pay 6220 and 7136		Tubing Depth 7340'			
Perforations 6220-6282, 7136-7334					Depth Casing Shoe 7493			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-5/8"	8-5/8"		251'		200 SXS			
7-7/8"	4-1/2"		7493'		1450 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 9-24-80	Date of Test 9-26-80	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 3 hrs.	Tubing Pressure 150#	Casing Pressure 1125#	Choke Size .875
Actual Prod. During Test	Oil - Bbls. 9	Water - Bbls. 1	Gas - MCF 4

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Robert M. Carter
(Signature)

President

(Title)

September 29, 1980

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY Original Signed by FRANK T. 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.