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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Chace Oil Company, Inc.		Well API No. 30 039 22682
Address 313 Washington SE, Albuquerque, New Mexico 87108		
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transporter of: Recompletion ☐ Oil ☒ Dry Gas ☐ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐		
Effective: June 3, 1989		

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 70	Well No. 9	Pool Name, including Formation South Lindrith Gallup-Dakota	Kind of Lease State, Federal or Fee Indian	Lease No. 70
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line Section 34 Township 24N Range 4W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 256, Farmington, NM 87499		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ 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 Sec. Twp. Rge. A 34 24N 4W	Is gas actually connected? yes	When? 9/9/81

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
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		
Performances			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 top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given above
is true and complete to the best of my knowledge and belief.Signature
Frank A. Welker, Vice President Production
Printed Name
5/19/89 505/266-5562
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 24 1989

By [Signature]
SUPERVISION DISTRICT # 3

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

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