

SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRORATION OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old C-104
Effective 1-1-65

Operator
Chace Oil Company, Inc.
Address

313 Washington SE, Albuquerque, NM 87108
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lessee Name Jicarilla 71 Well No. 10 Pool Name, Including Formation South Lindrith Gallup Dakota Kind of Lease Jicarilla State, Federal or Fee Indian 71
Unit Letter 'A' : 530 Feet From The north Line and 330 Feet From The east
Line of Section 3 Township 23N Range 4W , NMPM, Rio Arriba

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Petro Source Corporation 8777 E. Via de Ventura, Suite 100, Scottsdale, AZ 85258
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Corporation P. O. Box 1492, Albuquerque, NM 87108
If well produces oil or liquids, give location of tanks. Unit A Sec. 3 Twp. 23N Rge. 4W Is gas actually connected? When

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

COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res't. Diff.
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

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 to be able 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 Gravity of Condensate
Testing Method (pitot, back pr.) Tubing Pressure (Shot-in) Casing Pressure (Shot-in) Choke Size

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.

B. W. Mullen
(Signature)

DEC 29 1986

(Date)

OIL CONSERVATION COMMISSION

APPROVED BY TITLE
1986

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or de-well, this form must be accompanied by a tabulation of the de tests taken on the well in accordance with RULE 111.

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

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