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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

Well API No.

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

Operator

DISTRICT II
P.O. Drawer DD, Artesia, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Chace Oil Company, I	inc.					3	0-039-23	125		
Address 313 Washington SE, A	lbuquerque,	NM 87	108							
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator  If change of operator give name		Transporte Dry Gas Condensat		Oth	es (Please expi	ain)				
and address of previous operator					<del></del>	<u></u>			<del></del>	
II. DESCRIPTION OF WELL AND LEASE    Well No.   Pool Name, Including					Jicarilla g Formation Kind of Lease Indian Lease No					
Jicarilla Tribal Contr	cact 47 4	South	Lindi	rith Gal	lup-Dako	sta State,	Federal or Fee	an 47	e Na.	
Location Unit LetterE	:460	_ Feet From	The We	est Lin	e and175	0Fe	et From The	North	Line	
Section 11 Township	, 23N	Range	4W	,N	MPM,	R	io Arrib	a	County	
III. DESIGNATION OF TRANS	SPORTER OF O	IL AND	NATUE	RAL GAS						
Name of Authorized Transporter of Oil					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 X or Dry Gas El Paso Natural Gas Co.				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, pive location of tanks.	Unit Sec. E 11	23N	4W	У	es	When	<b>?</b> 3/2	/84		
If this production is commingled with that f IV. COMPLETION DATA	ion any other lease or	pool, give	oommingli	ng order num	ber:	<del></del>	<del></del>			
Designate Type of Completion -	Oil Well Gas Well			New Well	Workover .	Deepce	Plug Back	Same Res'v	Diff Res'v	
Date Spadded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Name of Producing Formation				Top Oil/Gas Pay			Tubing Dept	Tubing Depth		
Performinas						·	Depth Casing	Shoe		
	TUBING	CEMENTING RECORD			·					
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
						<del></del>				
V. TEST DATA AND REQUES OIL WELL (Test must be often re	T FOR ALLOW	ABLE of load oil	and must	be equal to o	exceed top all	owable for th	D.E.			
Date First New Oil Run To Tank	Date of Test	· · · · · · · · · · · · · · · · · · ·			iethod (Flow, p		A)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size	C 11 65 3		
Actual Prod. During Test	Oil - Bbls.			Water - Bbis			الصادة الأصاد	Gas-MCF		
Anna Pict Daing lea	OI - BOIL							· · · · · · · · · · · · · · · · · · ·		
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate		
Testing Method (pitot, 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.				OIL CONSERVATION DIVISION  Date ApprovedMAY 1 1 1989					N	
Signature				By Bill Chang						
Signature				11			• •	-3		
Frank A. Welker	Vice Preside		ductio	4	· ·	SUPERVI	SION DIST			
Frank A. Welker Printed Name 5/5/89	505/26			4		SUPERVI				

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