

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
MAY 1984		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110	
FILE		AND		Effective 1-1-85	
S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
AND OFFICE					
TRANSPORTER		OIL			
		GAS			
PERATOR					
RORATION OFFICE					
erator					
Chace Oil Company, Inc.					
313 Washington, SE - Albuquerque, NM 87108					
ason(s) for filing (Check proper box)					
New Well <input type="checkbox"/>					
Completion <input type="checkbox"/>					
Change in Ownership <input type="checkbox"/>					
Change in Transporter of:					
Oil <input type="checkbox"/>					
Casinghead Gas <input checked="" type="checkbox"/>					
Dry Gas <input type="checkbox"/>					
Condensate <input type="checkbox"/>					
Other (Please explain)					
Change of ownership give name					
Address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name <i>Private Contract</i>					
Jicarilla 71					
Well No. 20					
Pool Name, Including Formation S. Lindrith Gallup Dakota					
Kind of Lease Jicarilla					
State, Federal or Fee Indian					
Lease No. 71					
Location					
Unit Letter B					
517 Feet From The north Line and 1913 Feet From The east					
Line of Section 10					
Township 23N					
Range 4W					
, NMPM,					
Rio Arriba					
County					
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 87499					
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					
Well produces oil or liquids, give location of tanks.					
Unit B					
Sec. 10					
Twp. 23N					
Rge. 4W					
Is gas actually connected? No					
When					
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'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					
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 top allowable 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/MCF					
Gravity of Condensate					
Testing Method (pilot, back pr.)					
Tubing Pressure (Shut-in)					
Casing Pressure (Shut-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.					
S. W. Miller					
(Signature)					
President					
(Title)					
MAR 05 1984					
(Date)					
OIL CONSERVATION COMMISSION					
APPROVED					
BY					
SUPERVISOR DISTRICT # 3					
TITLE					
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 filled for each pool in multiply completed wells.					