NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.\$.G.\$.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

Ħ.

III.

IV.

VI.

(Date)

DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMERCION		
SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION Form C-104  REQUEST FOR ALLOWABLE Supersedes Old C-104 and		
FILE	1	AND Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE	4			
TRANSPORTER GAS				
OPERATOR			•	
PRORATION OFFICE	<u> </u>	7.		
Operator Chace Oil Compar	w Inc	7	Processing Control of the Control of	
Address		100	TOEIVEM-	
Reason(s) for filing (Check proper box	SE, Albuquerque, NM 87	Other (Please explain)		
New Well X	Change in Transporter of:	Omer (1 rease explain)	JUN 1 71983	
Recompletion	Oil Dry Go	ıs []		
Change in Ownership	Casinghead Gas Conder	nsate	OIL CON. DIV.	
If change of ownership give name and address of previous owner			DIST. 3	
DESCRIPTION OF WELL AND	LEASE			
Lease Name	Well No. Pool Name, Including F	į.	-tumuna	
Jicarilla 71	14 S. Lindrith Ga	allup Dakota State, Feder	ral or Fa Indian 71	
Location Unit Letter H ; 16	70 Feet From The north Lin	se and 430 Feet From	The east	
30				
Line of Section 10 Tox	enship 23N Range 4	1W , nmpm,	Rio Arriba County	
DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil	FER OF OIL AND NATURAL GA  TO Condensate	Address (Give address to which appr	oved copy of this form is to be sent)	
The Permian Corporatio		P. O. Box 1702. Farmin	ngton NM 87499	
Name of Authorized Transporter of Cas	singhead Gas 🛣 💮 or Dry Gas 🦳	P. O. Box 1702, Farming Address (Give address to which appr	oved copy of this form is to be sent)	
Northwest Pipeline Com		P. O. Box 1526, Salt 1	Lake City, IF 84110-1526	
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Fige.   H   10   23N   4W	Is gas actually connected? W	hen	
•	th that from any other lease or pool,			
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completic	on = (X)	X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
5/18/83	6-13-83	7693' KB	7651' KB	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
7412' KB, 7400' GL	Dakota, Gallup	6010'	6591 KB Depth Casing Shoe	
Ferferations Dakota 'D': 75	28-7555' Greenhorn: 72	275-7326'	7691'	
Gailup: 6010-6573'	Dakota 'A': 7370-7384' TUBING, CASING, AND	Tocito: 7065-7074' CEMENTING RECORD	17091	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12 1/4"	8 5/8", 24#	214 KB	170 sks.	
7 7/8''	4 1/2", 11.6#	7693' KB	1675 sks.	
	2 3/8"	6591' KB		
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	I	l and must be equal to or exceed top allow-	
OIL WELL	able for this de	pth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)	
6/13/83 Length of Test	6/14/83 Tubing Pressure	Swabbing Coaling Free auto	Choke Size	
24 hours	165 PSI	195 PSI	2''	
Actual Prod. During Test	Cil-Bis.	Water-Bbis.	Gas-MCF	
191	154	37	21	
0.40 800 4				
GAS WELL Actual Prod. Test-MOF/D	Longth of Test	Bhis. Confensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing 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.		OIL CONSERVATION COMMISSION  APPROVED JUN 1 7 1983		
		BY Original Signed by FRANK T. CHAVEZ		
		TITLE SUPERVISOR DISTRICT # 3		
D.W. Miller Jo		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		
President (Ti:	le)	All sections of this form mable on new and recompleted w	ust be filled out completely for allow-	
June 16, 1983	•	able on new and recompleted w		

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.