

NAME		
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U.S.		
ND OFFICE		
AND PORTER	OIL	
	GAS	
ERATOR		
ORATION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and  
Effective 1-1-85

Chace Oil Company, Inc.  
313 Washington SE, Albuquerque, NM 87108

Person(s) for filing (Check proper box)	Other (Please explain)
Well <input type="checkbox"/>	
Completion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

Change of ownership give name  
address of previous owner

DESCRIPTION OF WELL AND LEASE	
Well Name <u>Jicarilla 71</u>	Well No. <u>14</u> Pool Name, including Formation <u>South Lindrith Gallup Dakota</u>
Kind of Lease <u>Jicarilla</u>	Lease <u>71</u>
State, Federal or Fee <u>Indian</u>	

Unit Letter <u>'H'</u>	: <u>1670</u> Feet From The <u>north</u> Line and <u>430</u> Feet From The <u>east</u>
Line of Section <u>10</u>	Township <u>23N</u> Range <u>4W</u> , NMPM, <u>Rio Arriba</u> Cou

SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Petro Source Corporation</u>	<u>8777 E. Via de Ventura, Ste. 100, Scottsdale, AZ 85258</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P. O. Box 1492, El Paso, TX 79978</u>

Well produces oil or liquids, location of tanks.	Unit <u>H</u> Sec. <u>10</u> Twp. <u>23N</u> Rge. <u>4W</u>	Is gas actually connected? <input type="checkbox"/>	When
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Is production commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Rest'r. <input type="checkbox"/> Diff. P. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Productions (DF, RKB, RT, CR, etc.)	Name of Producing Formation
Productions	Top Oil/Gas Pay
	Tubing Depth
	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE			
(Test must be after recovery of total volume of load oil and must be equal to or exceed top 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.	

IS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Quantity of Condensate
Rating Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.		APPROVED <u>DEC 31 1986</u> 19	
<u>B. W. Shelly</u> (Signature)		BY <u>Supervisor</u>	
President		TITLE <u>SUPERVISOR DISTRICT 83</u>	
(Date) <u>DEC 29 1986</u>			
		This form is to be filed in compliance with RULE 1104.	
		If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev. 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 conc.	
		Some C-104 must be filled for each pool in m	