Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		10 1HA	NSF	<u> POHI</u>	OIL	AND	NA	UHAL	GA	<u> </u>	A ME NIA		 			
Operator										Well	API No. 30	03 9	23220)		
Chace Oil Company, I	nc.														_	
313 Washington SE, A	lbuquer	que, Ne	w M	exic	o 87	108										
Reason(s) for Filing (Check proper box)		. 7i					Othe	t (Piease	explai	n)						
New Well		Change in		-				tr.f	foo	tive:	Tumo	2	1000			
Recompletion	Oil	_	Dry (Er	rec	rive:	June	٥,	1303			
Change in Operator	Cannghe	ead Gas	Coso	leamie	<u> </u>											
If change of operator give name and address of previous operator																
IL DESCRIPTION OF WELL	AND LE	EASE														
Lease Name Jicarilla Tribal Cont		Well No. 18						.up-Da	kot		of Lease Federal o			Lease No.		
Location Unit Letter F	19	980	Foot i	From T	be No	rth	Line	and	1980)F	eet From	The _	West		_Line	
3		3N			4W			<i></i>		D.i	o Arr	·iha	ı	Λ		
Section 3 Towns	aip 4.	2IN	Rang	<u> </u>		<u> </u>	, NA	APM,			O MI			Con	пу	
III. DESIGNATION OF TRA	NSPORT	ER OF O	IL A	ND N	ATU	RAL G	AS									
Nume of Authorized Transporter of Oil Giant Refining Compar	ראט	or Condea				Address P.	(Gim	Box 2	256,	ch approve Farmi	ngton	, N	M 874	99		
Name of Authorized Transporter of Casi			or D	ry Ges						ich approve						
El Paso Natural Gas (Company Unit	Sec	Twp		Pm			Commedia		, El P		IV	13310			
If well produces oil or liquids, give location of tanks.	F	1 3	23		4W			es		"		8/1	0/84			
If this production is commissed with the	t from any o	ther lease or	pool, p	give occ	ming	ing order	nam)	xer:								
IV. COMPLETION DATA						<u>. — — — — — — — — — — — — — — — — — — —</u>					1		1			
Designate Type of Completion		Oil Well	i	Ges V	Vell	New 1		Workov	er	Despes	<u> </u>		Same Res	iv Diff I		
Date Symboled	Date Cor	mpl. Ready to	Prod	-		Total D	spth				P.B.T.	D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing Fo	onet)	CR		Top Oil	Gas 1	Pay			Tubing	Dep	<u> </u>			
												Depth Casing Shoe				
Perforations		-	<u>-</u>								Depth	Casin	g Shoe			
		TUBING,	CAS	SING .	AND	CEME	NTI	NG REC	XOR!)						
HOLE SIZE	c	ASING & TI	JBING	3.SIZE	*		<u> </u>	DEPTH	<u>SET</u>	A			SACKS C	EMENT		
											+					
																
V. TEST DATA AND REQUI	EST FOR	ALLOW	ABL	E	_					k.t e at	799	E		IN T	I F	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of	total volume	af loo	d oil as	d med	Produci	to or	exceed to	P AUG	mp, gas lift,	etc.)	-	or les se		9	
Date First New Oil Kills 10 1str.	Dane or 1	I CW					—		•		• •	Li		4.16.3		
Length of Test	Tubing I	Tubing Pressure Oil - Bbls.						TLS.		<u> </u>	Choke	Size	त्तर हा छ	igen		
													Gar MCF			
Actual Prod. During Test	Oil - Bbi							Water - Bbls.					Dist. 9			
						<u> </u>										
GAS WELL Actual Prod. Test - MCF/D	Length o	of Test				Bbls C	onder	mic/MM	CF .		Gravit	y of (Condensate			
WARE LICE 188 - MICLID	- Langua (
Testing Method (pitot, back pr.)	Tubing	Pressure (Shu	i-in)			Casing	Press	ine (Shut-	in)	<i>;</i>	Choke	Size		aramikang Kajes S		
										· 						
VL OPERATOR CERTIFI					3		(או כ	AC:	ISER\	ΔΤΙ	N	DIVIS	SION		
I hereby certify that the rules and rep	gulations of t	he Oil Conse	rvation	D OVE			•		. UIV	۱۱۱عب	MIK	/ i ¶	D1 ¥ 10			
Division have been complied with a is true and complete to the best of m	no unat the in ny knowledge	and belief.	CU BO	~J*E			} ~+~	Annr	0\10	ત						
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trank C	1. C	rel		4			3v_			*	•.		Ŕ			
Signature Frank A. Welker	Vice	Preside	nt 1	Prodi	- act i		y				7-1					
Printed Name			Title	e		11	[itle			\$17 E	- 5	÷				
5/19/89	50	5/266-5	562			∥ '	1116						_			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.