

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1,
Effective 1-1-65

Operator Chace Oil Company, Inc.	
Address 313 Washington, S.E., Albuquerque, New Mexico 87108	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Tribal Contract	Well No. 47-5	Pool Name, Including Formation S. Lindrith Gallup DAKOTA	Kind of Lease State, Federal or Fee Indian	Lease No. 47
Location Unit Letter 'F' ; 1890 Feet From The NL Line and 1900 Feet From The WL Line of Section 11 Township 23N Range 4W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1702, Farmington, N.M. 87499
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Northwest Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1526, Salt Lake City, Utah 84110-1526
If well produces oil or liquids, give location of tanks. Unit 'F' Sec. 23N Twp. 23N Pge. 4W	Is gas actually connected? No When

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'tv. <input type="checkbox"/> Diff. Res'tv. <input type="checkbox"/>		
Date Spudded 8/30/83	Date Compl. Ready to Prod. 9/29/83	Total Depth 7671' KB	P.B.T.D. 7629' KB
Elevations (DF, RKB, RT, GR, etc.) 7422' GL, 7434' KB	Name of Producing Formation Gallup - DAKOTA	Top Oil/Gas Pay 5951' KB	Tubing Depth 6795' KB
Perforations Dakota 'D': 7521-7552. Greenhorn: 7269-7321. Gallup: 5951-6718. Dakota 'A': 7363-7381. Tocito: 7058-7066.			Depth Casing Shoe 7670' KB
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	216' KB	170 sks (200 CF)
7 7/8"	4 1/2"	7671' KB	1750 sks (2894 CF)
--	2 3/8"	6795' KB	--

V. 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9/29/83	Date of Test 9/30/83	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 24 hours	Tubing Pressure 165 PSI	Casing Pressure 185 PSI	Choke Size 2"
Actual Prod. During Test 194 Bbls.	Oil-Bbls. 155 Bbls.	Water-Bbls. 39 Bbls.	Gas-MCF 22 MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

B.W. Miller (gs)
(Signature)
President
(Title)
October 3, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____
BY _____
TITLE _____

Supervisor District # 2

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 filed for each pool in multiple completed wells.