

DISTRIBUTION

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRORATION OFFICE

Operator

Chace Oil Company, Inc.

Address

313 Washington, S. E., Albuquerque, NM 87108

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Jicarilla Tribal Cont. 47

Well No.

5

Pool Name, Including Formation

S. Lindrith Gallup Dakota

Kind of Lease

Jicarilla State, Federal or Fee Indian

Lease No.

47

Location

Unit Letter

F

:

1890

Feet From The

north

Line and

1900

Feet From The

west

Line of Section

11

Township

23N

Range

4W

, NMPM,

Rio Arriba

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

☒

or Condensate

☐

The Permian Corporation

Box 1702, Farmington, NM 87499

Name of Authorized Transporter of Casinghead Gas

☒

or Dry Gas

☐

El Paso Natural Gas Company

P. O. Box 1492, El Paso, TX 79978

If well produces oil or liquids, give location of tanks.

Unit

F

Sec.

11

Twp.

23N

Rge.

4W

Is gas actually connected?

No

When

If 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

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.

Gcs-MCF

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (pitot, 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.

J. W. Miller

(Signature)

President

MAR 05 1984

(Date)

OIL CONSERVATION COMMISSION

APPROVED

MAR 07 1984

BY

Supervisor

TITLE

SUPERVISOR DISTRICT # 3

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.

Form C-104

Supersedes Old C-104 and C-11

Effective 1-1-65

RECEIVED

MAR 07 1984

OIL CON. DIV.

DIST. 3