

Form C-104
Supersedes Old C-104 and C-110
Effective 3-1-65

6/8/84

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JUN 05 1984
OIL CON. DIV.
DIST. 3

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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

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If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Apache 71	Well No. 22	Pool Name, Including Formation South Lindrith Gallup-Dakota	Kind of Lease State, Federal or Fee	Jicarilla Apache	Lease No. 71
Location Unit Letter <u>I</u> ; <u>900</u> Feet From The <u>EL</u> Line and <u>2030</u> Feet From The <u>SL</u> Line of Section <u>10</u> Township <u>23N</u> Range <u>4W</u> , NMPM, Rio Arriba County					

DESIGNATION 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)	
Permian Corporation					P. O. Box 1702, Farmington, NM 87499	
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)	
El Paso Natural Gas Company					P. O. Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	10	23N	4W		
					No	

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5/8/84	Date Compl. Ready to Prod. 5/31/84		Total Depth 7670' KB		P.B.T.D. 7628' KB				
Elevations (DF, RKB, RT, GR, etc.) 7427' GR, 7440' KB	Name of Producing Formation Gallup-Dakota		Top Oil/Gas Pay 6259' KB		Tubing Depth 7455' KB				
Perforations Dakota 'D': 7519'-7550' Greenhorn: 7269'-7308' Gallup: Dakota 'A': 7362'-7368' Tocito: 6925'-7057' 6259'-6490'					Depth Casing Shoe 7669' KB				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH-SET		SACKS CEMENT				
12 1/4"	8 5/8"		223' KB		170 Sks (200 CF)				
7 7/8"	4 1/2"		7670' KB		1650 Sks (270' CF)				
---	2 3/8"		7455' KB		---				

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL.

(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 6/1/84	Date of Test 6/2/84	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 24 hours	Tubing Pressure 135 PSI	Coating Pressure 155 PSI	Choke Size 2"
Actual Prod. During Test 158 Bbls.	Oil - Bbls. 116	Water - Bbls. 42	Gas - MCF 18

GAS WELL

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

CERTIFICATE OF COMPLIANCE

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.

L. W. Miller
(Signature)
President
(Title)
June 4, 1984
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 05 1984 , 19
BY Original Signed by CHARLES BRIDGSON
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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 allowance 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 filled for each pool in multiply
pleted wells.