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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-114  
Effective 1-1-65

3149/12  
2026/12

Operator Chace Oil Company, Inc.	
Address 313 Washington, SE, Albuquerque, NM 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"/>

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If change of ownership give name and address of previous owner

OIL CON. DIV.  
DIST. 3

DESCRIPTION OF WELL AND LEASE				
Lease Name Jicarilla Tribal Cont. 71	Well No. 34	Pool Name, Including Formation S. Lindrith Gallup Dakota	Kind of Lease Jicarilla State, Federal or Fee Indian	Lease No. 71
Location Unit Letter 'M' : 660 Feet From The south Line and 664 Feet From The west				
Line of Section 10 Township 23N Range 4W, 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1702, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 10	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:

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 Rest'v. <input type="checkbox"/> Diff. Rest'v. <input type="checkbox"/>		
Date Spudded 11/6/84	Date Compl. Ready to Prod. 11/30/84	Total Depth 7412' KB	P.B.T.D. 7367' KB
Elevations (DF, RKB, RT, GR, etc.) 7207' GL, 7220' KB	Name of Producing Formation Gallup Dakota	Top Oil/Gas Pay 5735' KB	Tubing Depth SN @ 7156' KB
Perforations Dakota 'D': 7223'-7275'; Greenhorn: 7010'-7046'; Gallup: 5735'-6240'; Dakota 'A': 7111'-7135'; Tooto: 6803'-6809'		Depth Casing Shoe 7411' KB	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	225' KB	170 sks (200 CF)
7 7/8"	4 1/2"	7412' KB,	1530 sks (2491 CF)
	2 3/8"	7192' KB, SN @ 7156' KB	None

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 12/1/84	Date of Test 12/2/84	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 24 hours	Tubing Pressure 140 PSI	Casing Pressure 185 PSI	Choke Size 2"
Actual Prod. During Test 159 bbls	Oil-Bbls. 127 bbls	Water-Bbls. 32 bbls	Gas-MCF 22

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

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.	
	
President	(Title)
12/4/84	(Date)
OIL CONSERVATION COMMISSION DEC 05 1984	
APPROVED _____, 19____	
BY Original Signed by FRANK T. CHAVEZ	
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 multiply completed wells.	