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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-11
Effective 1-1-65

3152
RECEIVED
DEC 11 1985
OIL CON. DIV.
DIST. 3

Operator Chace Oil Company, Inc.	
Address 313 Washington, SE, Albuquerque, NM 87108	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Contract #47	Well No. 18	Pool Name, Including Formation South Lindrith Gallup Dakota	Kind of Lease Jicarilla State, Federal or Fee Indian	Lease No. 47
Location				
Unit Letter 'A' : 338 Feet From The north Line and 850 Feet From The east				
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 <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	P. O. Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit A	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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11/9/85	Date Compl. Ready to Prod. 12/4/85	Total Depth 7565'	P.B.T.D. 7537' KB					
Elevations (DF, RKB, RT, GR, etc.) 7302' GR	Name of Producing Formation Gallup Dakota	Top Oil/Gas Pay 5942' KB	Tubing Depth S.N. @ 7311' KB 7347' KB					
Perforations Dakota 'D': 7418'-7440' Greenhorn: 7172'-7191'			Depth Casing Shoe					
Dakota 'A': 7235'-7270' Tootito: 6962'-6969' Gallup: 5942'-6413'			7564' KB					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"	211.51' KB		180 sks (212 CF)				
7 7/8"	4 1/2"	7565' KB		1410 sks (2321 CF)				
	2 3/8"	7347' KB (S. N. @ 7311' 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 12/5/85	Date of Test 12/6/85	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 24 hours	Tubing Pressure 125	Casing Pressure 159	Choke Size 2"
Actual Prod. During Test 167 bbls	Oil-Bbls. 122	Water-Bbls. 45	Gas-MCF 21

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
12/9/85
(Date)

12-17-85 OIL CONSERVATION COMMISSION
DEC 18 1985
APPROVED
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT #3
TITLE

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.