

Form C-104
Supersedes Old C-104 and ()
Effective 1-1-65

Chace Oil Company, Inc.

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 checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Gashead 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 | Well No. | Pool Name, Including Formation | Kind of Lease | Indian | Lease No. |
|----------------------------|----------|--------------------------------|-----------------------|--------|-----------|
| Jicarilla Tribal Cont. #47 | 18 | S. Lindrith Gallup Dakota | State, Federal or Fee | Indian | 47 |

1. REFILED.

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) |
| Mancos Corporation | P. O. Drawer 1320, Farmington, NM 87499 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |

Name of Author: F PNG

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|------|------|------|------|----------------------------|------|
| | A | 11 | 23N | 4W | | |

_____ 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't. | Diff. Res. |
|------------------------------------|----------|----------|----------|----------|--------|-----------|-------------|------------|
|------------------------------------|----------|----------|----------|----------|--------|-----------|-------------|------------|

| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P E T D |
|--------------|----------------------------|-------------|---------|
|--------------|----------------------------|-------------|---------|

| Elevations (DF, RAB, 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

(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 | 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. | Gas - MCF |

OIL CON. DIV.
DIST. 3

AS WELL

| | | | |
|----------------------------------|----------------------------|-----------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Eff. Condensate/MSMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Start-in) | Coating Pressure (Start-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)

2/14/86

(Date)

OIL CONSERVATION COMMISSION

APPROVED EDD 10 10 1961

BY _____ Original Signed by FRANK I. CHAVEZ

TITLE _____ SUPERVISOR DISTRICT # _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own
well name or number, or transporter, or other such change of conditi

Separate Forms C-104 must be filled for each pool in multi