1	WO. DF CUPIED ALLL	4			
	DISTRIBUTION SANTA FE	1	ONSERVATION COMMISSION	Form C-104	
	FILE REQUEST FOR ALLOWABLE AND Supersedes Old C-104 and C-1 Effective 1-1-65				
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL CASE IVE				
	LAND OFFICE				
	TRANSPORTER OIL	4	17/N/12 N	040 71005	
	GAS	4	7)0 /	OV 2 7 1985	
	PRORATION OFFICE	+	OIL	CON. DIV.	
I.	Operator			DIST. 3	
	Chace Oil Company, Inc.				
	Address	231			
	Reason(s) for filing (Check proper box	Albuquerque, NM 87108	Other (Please explain)		
	New Well	Change in Transporter of:	Other (Trease explain)		
	Recompletion	Oil Dry Go	rs 🔲		
	Change in Ownership	Casinghead Gas Conder	nagle		
	If change of ownership give name				
	and address of previous owner				
11	DESCRIPTION OF WELL AND	I.FASF			
•••	Lease Name	Well No. Pool Name, Including F	ormation Kind of Lea	se Jicarilla Lecse No.	
	Jicarilla Contract #47	22 South Lindrith	h Gallup Dakota Stote, Fede	ral or Fee Indian 47	
	Location	0.4	055		
	Unit Letter L' ; 228	Feet From The South Lin	se and 855 Feet From	n The West	
	Line of Section 13 To	waship 23N Range 41	N NMPM, Rio A	rriba County	
11.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Note of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)				
	None of Authorized Transporter of Oil	or Condensate		., .	
	Permian Corporation Name of Authorized Transporter of Car	singhead Gas 🔞 or Dry Gas	P. O. Box 1702, Farming Address (Give address to which app.	oton, NM 87499 roved copy of this form is to be sent)	
	El Paso Natural Gas	-	P. O. Box 1492, El Paso	o, TX 79978	
	If well produces oil or liquids,	Unit Sec. Twp. Pge.		Vhen .	
	give location of tanks. L 13 23N 4W No				
		th that from any other lease or pool,	give commingling order number:		
ν.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion	on - (X) XX	xx		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	10/28/85	11/21/85 Name of Producing Formation	7438' KB	7394' KB Tubing Depth	
	Flevations (DF, RKB, RT, GR, etc.) 7285 GR	Gallup Dakota	Top O11/Gos Pay 5752' KB	7238' KB - S.N. @ 7203'	
		290'-7309'; Greenhorn: 70		Depth Casing Shoe KB	
	Dakota 'A': 7134'-7152'; Tocito: 6842'-6850'; Gallup: 5752'-6276' 7437' KB				
			CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12 1/4" 7 7/8"	8 5/8" 4 1/2"	224' KB 7438' KB	170 sks (200 CF) 1365 sks (2229 CF)	
	1 1/8	2 3/8"	7238' KB	LJUJ SKS (ZZZJ CI	
			S.N. @ 7203' KB		
V.	TEST DATA AND REQUEST F		fier recovery of scral volume of load o	il and must be equal to or exceed top allow	
	OII. WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				
	11/22/85	11/23/85	Swabbing		
	Length of Test	Tubing Pressure	Cosing Fressure	Choke Size	
	24 hours	115 PSI	138 PSI	2" Gos-MCF	
	Actual Prod. During Test	C11-Bbls.	47	21	
	174	127	147	1 21	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
	Testing Nethed (pilot, back pr.)	Tening Pressure (Shut-In)	County Pressure (Blace 12)	Chicke Size	
, 1	CERTIFICATE OF COMPLIANCE		OIL CONSERV	ATION COMMISSION	
	. CENTIFICATE OF COMPENSION		DEC - 2 1985		
	I hereby certify that the rules and regulations of the Oil Conservation		Original Signed by CHARLES GHOLSON		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		SY		
			DEPUTY	OIL & GAS INSPECTOR, DIST. #3	
			TITLE		
	D. W. Theeler		This form is to be filed in compliance with RULE 1904. If this is a request for allowable for a newly drilled or deepens		
	(Signature)		Il was this form must be accompanied by a tabulation of the deviation		
	President		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow		
	(Title)		able on new and recompleted wells.		
	11/25/85		Fill out only Sections 1, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition		
	(E)	at e)	Separate Forms C-194 m	ust be filed for each pool in multipl	
			le consteled wells.		