Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Berzos Rd., Azzec, NM 87410

Drawer DD, Astesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								Well API No.			
Chace Oil Company, 1	inc.								23745		
313 Washington SE, Albuquerque, NM 87108											
Reason(s) for Filing (Check proper box) Other (Please explain)											
New Well Change is Transporter of:									ĺ		
Recompletion	Oil		Dry Gas								
Change in Operator	Casinghead	. —	Condens								
lí change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL	Jicarilla										
Jicarilla Tribal Contr	eact 47 22 South Linds			ng Formation rith Gal.	lup-Dako	ta State,	Kind of Lease Indian Lease No. State, Federal or Fee 47				
Location L	88	15		West							
Unit Lotter	228		Feet Fre	om The	ith Line	and	Fo	Peet From The Line Rio Arriba			
Section 13 Township	, 231	<u> </u>	Range	4W	, NA	ирм,		TO WITTE		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Condensate Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Oil Giant Refining Company Or Condensate					P.O. Box 256, Farmington, NM 87499					~,	
Name of Authorized Transporter of Cosinghead Gas X or Dry Gas El Paso Natural Gas Co.						x 1492, 1				mt)	
If well produces oil or liquids, trive location of teaks.	Unit I	Sec.	1 23N	AW	le gas actually	connected?		When ?			
			<u> </u>		ye:			12/19	7 83		
If this production is commingled with that from any other lesse or pool, give commingling order number: IV. COMPLETION DATA											
	~	Oil Well	G	es Well	New Well	Workover	Deepea	Plug Back	isme Res'v	Diff Res'v	
Designate Type of Completion		Rest to			Total Depth	·		(BBTD		<u> </u>	
Date Specified	Date Compl. Rendy to Prod.							P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Performions								Depth Casing Shoe			
	CEMENTA	VG RECOPI	D	<u> </u>							
HOLE SIZE	CASING & TUBING SIZE				CEMENTING RECORD DEPTH SET			SACKS CEMENT			
TOLL OIL	CONTROL TUBING SILE				PACT 117 QC1			CHOIC CENEUIT			
	3										
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be ofter recovery of total volume of load oil and must be						eroeed ton all-	makla for ski	The first 24 hours			
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Tes		oj 1004 t	اليدا كده ب	Producing Me	thed (Flow, pu	mp, gas lift, e	EN OF DE JO	- Jul 24 ROL	ra.j	
		Producing Method (Flow, pump, gas lift, at 1)									
Length of Test	Tubing Pressure			Casing Pressure			Choke Size CIL				
Actual Prod. During Test	Oil - Bbis.			Water - Bbls.			Gas- MCF				
GAS WELL	1						<u> </u>	<u> </u>			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
				Casing Pressure (Shut-in)			Choke Size				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					me (antr-in)		CHOKE SIZE	<u></u>		
VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION)N		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Data Approved MAY 1.1 1989						
1. 1 2 1 11					Date Approved MAY 11 1989						
trank a	a. Welbu					Buil Chang					
Signature William William Proprieta						By					
	Vice President Production Tale 505/266-5562				11						
5/5/89	5				Title						
Date		Tel	ephone N	io.							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.