

C.S.			
D OFFICE			
REPORTER	OIL		
	GAS		
RATOR			
ORATION OFFICE			

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Chace Oil Company

313 Washington SE, Albuquerque, NM 87108

on(s) for filing (Check proper box)	Other (Please explain)
Well <input type="checkbox"/>	
Completion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

Range of ownership give name  
Address of previous owner

## DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Jicarilla	L
Jicarilla Tribal Contract 47	19	South Lindrith Gallup Dakota	State, Federal or Fee	Indian	47

Well Letter H : 2064 Feet From The North Line and 358 Feet From The East

Line of Section 11 Township 23N Range 4 W . NMPM Rio Arriba

## SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Signature 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)
Conoco, Inc.	P. O. Box 1429, Bloomfield, NM 87413
Signature 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 Company	P. O. Box 1492, El Paso, Texas 79978

Well produces oil or liquids, or location of tanks.	Unit	Sec.	Top.	Pgs.	Is gas actually connected?	When
	H	11	23N	4W	yes	11/10/87

If 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.
to Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
ations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
ations			Depth Casing Shoe				

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

## TEST DATA AND REQUEST FOR ALLOWABLE L WELL (Test must be after recovery of total volume of load oil and must be equal to or exceedable for this depth or be for full 24 hours)

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

## AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/Day	Gravity of Condensate
Casing Method (pilot, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-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.

Frank Walker  
(Signature)  
Vice President Production  
(Title)

November 30, 1987

## OIL CONSERVATION COMMISSION

APPROVED FEB 12 1988  
BY [Signature]  
SUPERVISOR DISTRICT # 3  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 11.  
If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 11.  
All sections of this form must be filled out completely on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for change of well name or number, or transporter, or other such change.