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	GAS	ΓI		
OPERATOR				
PRORATION OFFICE				
Operator				

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

[SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110 Effective 1-1-65		
	V.S.G.S. /	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
Ì	LAND OFFICE	GAS				
Ī	IRANSPORTER OIL					
j	GAS /					
	OPERATOR /	4				
1.	PRORATION OFFICE Operator	<u> </u>				
	CHACE OIL COMPANY, INC.					
	313 Washington S.	E. Albuquerque	e. NM 87108			
	Reason(s) for filing (Check proper box	,	Other (Please explain)			
	New Well X	Change in Transporter of: Oil Dry Gas				
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Conden	7			
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name	Well No. Pool Name, Including Fo				
Gulf Federal 3 Rusty Chacra			Cra State, Fede	eral or Fee Federal 0556258		
	Unit Letter "G" 16	50 Feet From The North Line	e and Feet From	m The East		
	Line of Section 13 Total	wnship 22N Range 7	W , NMPM, Sand	dova1 County		
111	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	s	•		
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which app	roved copy of this form is to be sent)		
		Du G- M	Address (Give address to which app	roved copy of this form is to be sent)		
	Name of Authorized Transporter of Ca Chace Oil Company		Same as above	, open copy of this form is to be cent,		
		Unit Sec. Twp. P.ge.	<u> </u>	When		
	If well produces oil or liquids, give location of tanks.		No	1-9-78		
IV	If this production is commingled wi	ith that from any other lease or pool,	give commingling order number:			
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Designate Type of Completic		Total Depth	P.B.T.D.		
	Date Spudded 2-16-76	Date Compl. Ready to Prod. 2-25-76	2040	2010		
	Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	Tubing Depth		
	7020 GR	Chacra	1938	1978		
	Perforations	1055 50 1062 90	1/CDB	Depth Casing Shoe		
	1943-49, 1952-54,	1955-58, 1963-80	1/SPF	2010		
		CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT		
	12-1/2	8-5/8	63'	85 sxs		
	7-7/8	4-1/2	2040	355 sxs		
V.		ST DATA AND REQUEST FOR ALLOWABLE (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)				
	OIL WELL 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-Bbis.	Water-Bbls.	Gas-MCF		
	Actual Prod. During 1441	6 25				
	GAS WELL		1			
	Actual Prod. Test-MCF/D 120	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	4 Pr. B. Press	298	409	Various		
VI	I. CERTIFICATE OF COMPLIANCE		OIL CONSER	VATION COMMISSION		
**	CERTIFICATE OF COMPENSATION			, 19		
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.		regulations of the Oil Conservation				
		SUPERVISOR DIST. #3				
			This form is to be filed in compliance with RULE 1194.			
	111	Nau /	really in a secure for allowable for a newly drilled or deepened			
	Marare ISia	natural	I this form must be accord	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	Secretary		All sections of this form must be filled out completely for allow-			
	(7	itle)	able on new and recompleted wells.			
	January 5	, 19//	Fill out only Sections I	Fill out only Sections I, II, III, and VI for changes of owner,		

(Date)

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.