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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

B.R.

Operator		CHACE OIL COMPANY, INC.	
Address		313 Washington S.E. Albuquerque, NM 87108	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Chace Apache 54	3	Chacon Dakota	Jicarilla Apache	54
Location				
Unit Letter	"O"	990 Feet From The	SL Line and	1850 Feet From The
Line of Section	34	Township	23N	Range
			3W	NMPM, Sandoval County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
PERMIAN OIL CORPORATION	P.O. Box 1183 Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	0	34
	23N	3W
Is gas actually connected?	When	
Yes	7-13-78	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4-28-78	5-27-78	7380	7231					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
7193 GR	Dakota	6910'	6932					
Perforations			Depth Casing Shoe					
6910 - 6938 & 7010 - 7038			7263					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
10-5/8"	8-5/8"	269	225					
7-7/8"	4-1/2"	7268	800					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

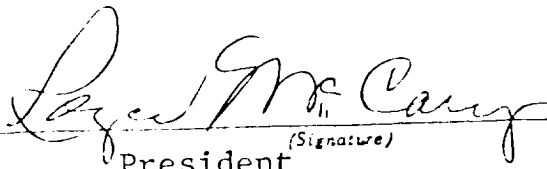
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, etc., list etc.)	
5-27-78	5-27-78	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	140	780	3/4"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
24 hrs.	100	0	385

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

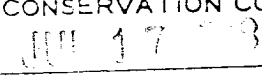

President

7-13-78

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19

BY Original Signed by A. R. Hendrick

TITLE SECRETARY

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

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

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.