

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

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

FORM C-104  
Supersedes Old C-104  
Effective 1-1-85

I.

Operator  
Chace Oil Company, Inc.

Address  
313 Washington SE, Albuquerque, NM 87108

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☒ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 70	Well No. 16	Pool Name, Including Formation S. Lindrith Gallup Dakota	Kind of Lease State, Federal or Fee Indian	Lea 70
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Location  
Unit Letter P : 530 Feet From The south Line and 530 Feet From The east  
Line of Section 34 Township 24N Range 4W, NMPM, Rio Arriba

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, NM 87413	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. P 34 24N 4W	Is gas actually connected? When

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 Res't.	Dis
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed  
able for this depth or be for full 24 hours)

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 - Bbls.	Water - Bbls.	MCF

GAS WELL

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

Frank Welker  
(Signature)

Vice President Production  
(Title)

March 21, 1988  
(Date)

OIL CONSERVATION COMMISSION  
MAR 23 1988

APPROVED \_\_\_\_\_, 19\_\_

BY Burt J. Shum  
TITLE SUPERVISION DISTRICT # 3

This form is to be filed in compliance with RULE 110  
If this is a request for allowable for a newly drilled or  
well, this form must be accompanied by a tabulation of the  
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely  
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes  
well name or number, or transporter, or other such change of

Separate Forms C-104 must be filed for each pool &  
completed wells.