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FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL GAS
OPERATOR
PRORATION OFFICE

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-111
Effective 1-1-65

RECEIVED
OIL CON. DIV.
DIST. 3
AUG 4 1983

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

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
Lease Name Jicarilla 70 Well No. 18 Pool Name, Including Formation S. Lindrith Gallup Dakota Kind of Lease Jicarilla State, Federal or Fee Indian Lease No. 70
Location
Unit Letter 'M' : 400 Feet From The south Line and 400 Feet From The west
Line of Section 34 Township 24N Range 4W, NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Permian Corporation Permian (Eff 9/1/87)
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1702, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
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
Is well produces oil or liquids, give location of tanks. Unit M Sec. 34 Twp. 24N Rge. 4W Is gas actually connected? No When

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

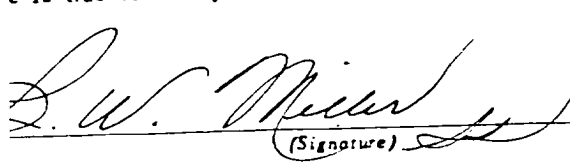
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
ate Spudded	X		X					
7-2-83								
evations (DF, RKB, RT, GR, etc.)								
7108' KB, 7096' GL								
forations								
Dakota 'D': 7245-7277'								
Dakota 'A': 7087-7112								
Greenhorn: 7013-7036'								
Gallup: 6056-6263'								

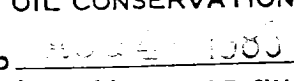
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
2 1/4"	8 5/8"	216' KB	170 sks
7 7/8"	4 1/2"	7410' KB	1700 sks
	2 3/8"	6414'	

TEST 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)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
-1-83	8-2-83	Swabbing
gth of Test	Tubing Pressure	Casing Pressure
4 hours	140	170
al Prod. During Test	Oil-Bbls.	Water-Bbls.
80	128	52
		19

Oil Well	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
al Prod. Test-MCF/D			
ting Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-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 is true and complete to the best of my knowledge and belief.

resident (Title)
-3-83 (Date)

OIL CONSERVATION COMMISSION
APPROVED , 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3
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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.