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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-11  
Effective 1-1-65

NSC # 2189

Operator  
Chace Oil Company, Inc.

Address  
313 Washington, SE, Albuquerque, NM 87108

Reason(s) for filing (Check proper box)      Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pinon Unit	Well No. #2	Pool Name, Including Formation Wildcat	Kind of Lease State, Federal or Fee      Fee	Lease No.
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Location  
irregular section: 1528 Feet From The east Line and 2583 Feet From The south

Unit Letter      Line of Section 26      Township 14N      Range 8E      , NMPM, Santa Fe      County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. irregular section	Unit 26	Sec. 14N	Twp. 8E	Is gas actually connected? No	When
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If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
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Date Spudded 6/25/85	Date Compl. Ready to Prod. 10/28/85	Total Depth 7455' KB	P.B.T.D. 7030' KB
Elevations (DF, RKB, RT, GR, etc.) 5798' GR	Name of Producing Formation Gallup	Top Oil/Gas Pay 5437' KB	Tubing Depth 6182.92' KB
Perforations 5437'-6196', 2 SPF, 88 holes			Depth Casing Shoe 7454' KB

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	521' KB	350 sks
7 7/8"	4 1/2"	7455' KB	2525 sks
	2 3/8"	6182.92' KB	None

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 top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 10/29/85	Date of Test 10/31/85	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 24 hours	Tubing Pressure 20 PSI	Casing Pressure 116 PSI	Choke Size 2"
Actual Prod. During Test 83	Oil-Bbls. 30	Water-Bbls. 53	Gas-MCF 3.4

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.

D.W. Miller  
(Signature)  
President  
(Title)  
11/12/85  
(Date)

OIL CONSERVATION COMMISSION

APPROVED 11-19 85  
BY [Signature]  
DISTRICT SUPERVISOR  
TITLE

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 multiple completed wells.