.E		
S G S.		
ND OFFICE		
ANSPORTER	OIL	
	GAS	
PERATOR		
RATION OFFICE		

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Effective Time

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 [XX] Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
- Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Jicarilla Apache #71	3	South Lindrith Gallup Dakota	State, Federal or Fee Jicarilla Indian	71

Location

Unit Letter E : 1850 Feet From The North Line and 790 Feet From The West

Line of Section 3 Township 23N Range 4W , NMPM, Rio Arriba

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [XX] or Condensate ☐ — Address (Give address to which approved copy of this form is to be sent): PetroSource Corp. 7443 E. Dreyfus, Scottsdale, AZ 85258

Name of Authorized Transporter of Casinghead Gas [XX] or Dry Gas ☐ — Address (Give address to which approved copy of this form is to be sent): El Paso Natural Gas Co. P.O. Box 1492, El Paso, TX 79978

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	3	23N	4W	yes	

If 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.

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

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed 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 - Bbls.**	**Water - Bbls.**	**Gas - MCF**

GAS WELL

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

OIL CON. DIV.
DIST. 3

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 A. Welber
(Signature)

Vice President Production
(Title)

October 30, 1987
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 20 1987, 19

BY Frank T. Chavez
SUPERVISOR DISTRICT # 3

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 operator, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in