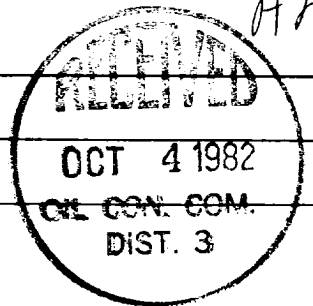


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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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-110
Effective 1-1-65

3045/W
AL



I. Operator
Chace Oil Company, Inc.
Address
313 Washington, SE, 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 361	Well No. 1-361	Pool Name, Including Formation S. Lindrith Gallup Dakota	Kind of Lease State, Federal or Fee Indian	Lease No. 361
Location Unit Letter A ; 610 Feet From The north Line and 425 Feet From The east Line of Section 4 Township 23 north Range 4 west , NMPM, Rio Arriba 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"/> The Permian Corporation Permian (EN 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1702, Farmington, NM 87401					
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) Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 4	Twp. 23N	Rge. 4W	Is gas actually connected? No	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-11-82	Date Compl. Ready to Prod. 9-22-82		Total Depth 7450' KB		P.B.T.D. 7320' KB			
Elevations (DF, RKB, RT, GR, etc.) 7127 GR 7141 KB	Name of Producing Formation Dakota Gallup, Greenhorn,		Top Oil/Gas Pay 7096'		Tubing Depth			
Perforations Greenhorn: 7054'-7068' Upper Gallup: 5831'-5860' Dakota "D": 7251-7283'. Dakota "A": 7096'-7112'. Gallup: 6085-6268'					Depth Casing Shoe 7448'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9 5/8"	8 5/8"		225 KB		250 sxs			
7 7/8"	4 1/2"		7448 KB		1425 sxs			
	2 3/8" (tbq.)		7276 KB					

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 9-22-82	Date of Test 9-24-82	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 700	Casing Pressure 20	Choke Size 2"
Actual Prod. During Test 145	Oil-Bbls. 105	Water-Bbls. 40	Gas-MCF 60

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.

R. W. Nill
(Signature)
President
(Title)
September 30, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 4 1982, 19____
BY [Signature]
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 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.