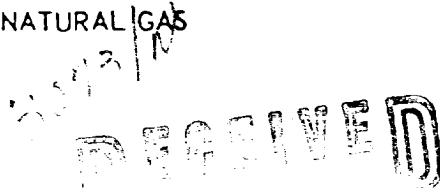


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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65



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 Jicarilla 71	Well No. 18	Pool Name, including Formation South Lindrith Gallup Dakota	Kind of Lease State, Federal or Fee Indian	Lease No. 71
Location Unit Letter 'F' ; 1980 Feet From The north Line and 1980 Feet From The west				
Line of Section 3 Township 23N Range 4W , 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"/>	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	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)
El Paso Natural Gas Company	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
'F' 3 23N 4W	No

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Rest'y.	Diff. Rest'y.
Date Spudded 6-17-83	Date Compl. Ready to Prod. 7-15-83	Total Depth 7540' KB	P.B.T.D. 7497' KB					
Elevations (DF, RKB, RT, GR, etc.) 7233' KB 7221' GL	Name of Producing Formation Dakota, Gallup	Top Oil/Gas Pay 6189'	Tubing Depth 6500' KB					
Perforations Dakota 'D': 7405-7433' Greenhorn: 7160-7198' Dakota 'A': 7241-7287' Tocito: 6867-6951' Gallup: 6189-6273'	Depth Casing Shoe 7539'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		216' KB		170 sks			
7 7/8"	4 1/2"		7540' KB		1650 sks			
	2 3/8"		6500					

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 7-18-83	Date of Test 7-19-83	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 24 hours	Tubing Pressure 126 PSI	Casing Pressure 165 PSI	Choke Size 2"
Actual Prod. During Test 171 bbls	Oil - Bbls. 129	Water - Bbls. 42	Gas - MCF 22

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

I. 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.

(Signature)
President
(Title)
July 20, 1983
(Date)

OIL CONSERVATION COMMISSION	
APPROVED _____, 19____	
BY Original Signed by FRANK T. CHAVEZ	
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.	