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| DISTRIBUTION | | |
| ANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRODUCTION OFFICE | | |
| Operator | | |

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 1-1-85

3068/W

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)

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OIL CON. DIV.
DIST. 3

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 | Jicarilla | Lease No. |
| Jicarilla Tribal Cont. 71 | 28 | South Lindrith Gallup Dakota | State, Federal or Fee | Indian | 71 |
| Location | | | | | |
| Unit Letter | I | : 950 Feet From The east | Line and | 2295' | Feet From The south |
| Line of Section | 9 | Township | 23N | Range | 4W |
| | | | | NMPM, | Rio Arriba |
| | | | | | County |

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) |
| Permian Corporation | P. O. Box 1702, Farmington, NM 87499 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Northwest Pipeline Corporation | P. O. Box 8900, Salt Lake City, UT 84108-0900 |
| Well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| I 9 23N 4W | No |

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. |
|------------------------------------|---|-----------------|-------------------|--------------------|--------|-----------|-------------|--------------|
| | XX | | XX | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| 8/30/85 | 9/25/85 | 7330' KB | 7276' KB | | | | | |
| Deviation (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | S.N. @ | | | | |
| 7122' GR | Gallup Dakota | 5610' KB | 7150' KB | S.N. @ 7115.77' KB | | | | |
| Perforations | Dakota 'D': 7171'-7225'; Tociato: 6742'-6744'; Gallup: 5610'-6180'; Dakota 'A': 7056'-7081'; Greenhorn: 6959-6992' | | Depth Casing Shoe | | | | | |
| | | | 7329' KB | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|--------------------|--------------------|
| 12 1/4" | 8 5/8" | 228' KB | 260 (306 CF) sks |
| 7 7/8" | 4 1/2" | 7330' KB | 1575 (2864 CF) sks |
| | 2 3/8" | 7150' KB | None |
| | | S.N. @ 7115.77' KB | |

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of load off 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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) |
| 9/26/85 | 9/27/85 | Swabbing |
| Length of Test | Tubing Pressure | Casing Pressure |
| 24 hours | 138 | 195 |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. |
| 164 bbls. | 111 | 53 |
| | | 20 |

AS WELL

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

CERTIFICATE OF COMPLIANCE

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)

resident

(Title)

9/30/85

(Date)

OIL CONSERVATION COMMISSION

APPROVED

OCT 21 1985

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 allow-
able 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.

| | | |
|-----------------|-----|--|
| DISTRIBUTION | | |
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| S.G.S. | | |
| AND OFFICE | | |
| TRANSPORTER | OIL | |
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| Chace Oil Company, Inc. | |
| 313 Washington, SE, Albuquerque, NM 87108 | |
| ason(s) for filing (Check proper box) | Other (Please explain) |
| ew Well <input type="checkbox"/> | Change in Transporter of: |
| completion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| change in Ownership <input type="checkbox"/> | Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> |
| Change in transporter of gas | |

| | |
|-------------------------------|--|
| change of ownership give name | |
| address of previous owner | |

DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------|--------------------------------|---|-----------|
| Well Name | Well No. | Pool Name, including Formation | Kind of Lease | Lease No. |
| Jicarilla Tribal Cont. 71 | 28 | South Lindrith Gallup Dakota | Jicarilla State, Federal or Fee Indian | 71 |
| Unit Letter I : 950 Feet From The east Line and 2295 Feet From The south | | | | |
| Line of Section 9 Township 23N Range 4W, NMPM, Rio Arriba County | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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| ame of Authorized Transporter of Oil <input type="checkbox"/> | or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| ame of Authorized Transporter of Casinghead Gas <input checked="" 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 |
| well produces oil or liquids, ive location of tanks. | Unit | Sec. |
| | Twp. | Pge. |
| | Is gas actually connected? | 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 Rest. | Diff. Rest. |
|------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|------------|-------------|
| ate Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| levations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | |
| erforations | | | | | | Depth Casing Shoe | | |

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II. WELL

(Test must be after recovery of total volume of load off and must be equal to or exceed top allowable for this depth or be for full 24 hours)

| | | |
|--------------------------------|-----------------|---|
| ate First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) |
| Length of Test | Tubing Pressure | Casing Pressure |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. |

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DIST. 3

AS WELL

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

CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation
ommission have been complied with and that the information given
bove is true and complete to the best of my knowledge and belief.

D. W. Miller
(Signature)
President
(Title)
10/3/85
(Date)

OIL CONSERVATION COMMISSION

APPROVED
BY
TITLE

OCT 21 1985
Frank J. Davis
SUPERVISOR DISTRICT #3

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