

NAME		
S.G.S.		
ADDRESS		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION OFFICE		
REGISTRATION		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and
Effective 1-1-85

Chace Oil Company, Inc.
313 Washington SE, Albuquerque, NM 87108

Person(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Completion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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
Jicarilla 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, Co.

SIGNATURE 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)
Petro Source Corporation	8777.E. Via de Ventura, Suite 100, Scottsdale, AZ 85258
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)
El Paso Natural Gas Company	P. O. Box 1492, El Paso, TX 79978

Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	I	9	23N	4W		

If 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't.	Duff
Is Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Locations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Locations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
WELL

(Text must be after recovery of total volume of load oil and must be equal to or exceed top
able for this depth or be for full 24 hours)


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.

S WELL

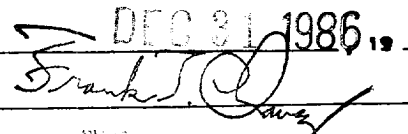
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Choke Size

CERTIFICATE OF COMPLIANCE

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


resident
(Signature)
(Title) DEC 29 1986
(Date)

OIL CONSERVATION COMMISSION

APPROVED 
BY
TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the devi
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of o
well name or number, or transporter, or other such change of cond
Separate Forms C-104 must be filled for each pool in mu