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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Astesia, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L.	٦	TO TRAI	NSPO	RT OIL	AND NA	TURAL G	AS				
Operator	i i							API No.			
Chace Oil Company, Ir	nc.					···		30	039 2341	.8	
Address					-3						
313 Washington SE, Al	Louquero	rue, Ner	w Mex	100 87							
Reason(s) for Filing (Check proper bax)		<u>م</u> ــــن :ــ ۳	.	· •	O@	et (Piesse exp	lain)				
New Well	Change in Transporter of: Oil Dry Gas Effective: June 3, 1989										
Recompletion	Casinghead Gas Condensate				Directive. Dune 3, 1909						
If change of operator give name			COLORED .	انيا							
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE								•	
Lease Name			Pool Nat	ne, Includi	ng Formation	** ** , *-	Kind	of Lesse In	dian I	ease No.	
Jicarilla Tribal Cont.	. #71	23	South	Lindr	ith Gal	lup-Dako		Federal or Fe		71	
Location					_			era vita er	······································		
Unit Letter F	18(: Feet From The N		n The No	orth Line and 2255			et From The	et From The Line		
10	23N • 4V			n.			- 2	o Armileo			
Section 10 Townshi	23N Range 4W				, NMPM, R10			o Arriba County			
THE PROPERTY AND ADDRESS AND A	COODE										
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) P. O. Box 256, Farmington, NM 87499											
Name of Authorized Transporter of Casing	phead Gas	d Gas X or Dry Gas						copy of this form is to be sent)			
El Paso Natural Gas Co		٠	a 20) Cas		P. O.	Box 149	2. El Pa	ISO, TX 79978			
If well produces oil or liquids,	Unit				ls gas actuali		When				
give location of tanks.	F	10	23N	4W	_	yes	i	7/19	/84	1	
If this production is commingled with that	from any oth	er lesse or po	ool, give	comming	ing order nom	ber:		. A. Asimo I.I. and balla			
IV. COMPLETION DATA		_									
Designate Type of Completion	- (20)	Oil Well	G	us Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		i. Ready to i	<u>ال</u>		Total Depth	l			<u> </u>		
True Showing	Date Comp	L. MANUY NO I	F900.					P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			And the second of the second o			
								Tubing Depth			
Perforations								Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
							<u> </u>				
V. TEST DATA AND REQUES	T POD A	HOWA	RIC		L			<u> </u>			
OIL WELL (Test must be after to				l and must	he amed to as	errored ton ell	oundle for thi	e denth or he	for full 24 how)	
Date First New Oil Run To Tank	Date of Tes					ethod (Flow, p			,60.10 No. 20 10	""	
		-			_						
Length of Test	Tubing Pressure Oil - Bbls.				Casing Pressure Water - Bbls.			Q Sign	A C	UPP	
								In C	GEI	VET	
Actual Prod. During Test								CH-MCL		U	
	<u> </u>							<u> </u>	AY2 3 19	389	
GAS WELL								Oll	CONI	PN 13 4	
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF			Gravey 6	discretive.	DIV.		
									DIST. 3		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	Choke Size			
	i				 			<u> </u>			
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION					
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					`		VOLITY.	AHON	DIVISIC	<i>71</i> 4	
is true and complete to the best of my knowledge and belief.							_				
1 1 1 1 1 1 1 1 1 1					Date ApprovedMAY 23 1989						
Signature Frank A. Welker	By Sund										
Printed Name	Vice President Production				11	SIDEDWICTON					
5/19/89	505/	266-55			Title		A SUATO	TON DIS	IKICT # 8	<u> </u>	
Date			bone No	i.							
					!!						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.