

FILE

U.S.G.S.

AND OFFICE

TRANSPORTER

PERATOR

ORATION OFFICE

ERIOR

OIL

GAS

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and Effective 1-1-83

Chace Oil Company, Inc.

313 Washington SE, Albuquerque, NM 87108

Person(s) for filing (Check proper box)

Change in Transporter of:

Oil

Dry Gas

Casinghead Gas

Condensate

Other (Please explain)

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name

Well No.

Pool Name, Including Formation

Kind of Lease

Lease

Unit Letter

Feet From The

Line and

Feet From The

Line of Section

Township

Range

4W

NMPM

Rio Arriba

SIGNATION 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)

Name of Authorized Transporter of Casinghead Gas

Address (Give address to which approved copy of this form is to be sent)

well produces oil or liquids, or location of tanks.

Unit

Sec.

Twp.

Pge.

Is gas actually connected?

When

his 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'r.

Diff. I

Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

ations (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

ations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

ST DATA AND REQUEST FOR ALLOWABLE L WELL

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

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

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

President

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or dee well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of e well name or number, or transporter, or other such change of conc

Separate Forms C-104 must be filed for each pool in m