

DISTRIBUTION		
ANTA FE		
FILE		
J.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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 1-1-83

3096/N

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

Reason(s) for filing (Check proper box)  
New Well  Recompletion  Change in Ownership

Change in Transporter of:  
Oil  Casinghead Gas  Dry Gas  Condensate

Other (Please explain)

**RECEIVED**  
JUN 27 1985  
OIL CON. DIV.  
DIST. 3

Change of ownership give name and address of previous owner

**DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Jicarilla Tribal Cont. #47</u>	Well No. <u>16</u>	Pool Name, Including Formation <u>South Lindrith, Gallup Dakota</u>	Kind of Lease <u>Jicarilla</u>	Lessee No. <u>47</u>
Location			State, Federal or Fee <u>Indian</u>	
Unit Letter <u>F</u>	<u>1761</u>	Feet From The <u>west</u> Line and <u>1873'</u>	Feet From The <u>north</u>	
Line of Section <u>13</u>	Township <u>23N</u>	Range <u>4W</u>	NMPM, <u>Rio Arriba</u>	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)
<u>Permian Corporation</u>	<u>P. O. Box 1702, Farmington, NM 87499</u>
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)
<u>El Paso Natural Gas Company</u>	<u>P. O. Box 1492, El Paso, TX 79978</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>F 13 23N 4W</u>	<u>No</u>

If 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 <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded <u>5/22/85</u>	Date Compl. Ready to Prod. <u>6/19/85</u>	Total Depth <u>7575' KB</u>	P.B.T.D. <u>7507' KB</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>7375' GR</u>	Name of Producing Formation <u>Gallup Dakota</u>	Top Oil/Gas Pay <u>6134' KB</u>	Tubing Depth <u>S.N.: 7326' KB</u> <u>End of Tubing: 7362' KB</u> <u>Depth Casing Shoe</u>					
Perforations <u>Dakota 'D': 7392'-7400'; Tobicito: 6941'-6947'; Gallup: 6134'-6346'; Dakota 'A': 7229'-7241'; Greenhorn: 7152'-7169'</u>			<u>7549' KB</u>					

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>228'</u>	<u>170 sks (200 CF)</u>
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>7550' KB</u>	<u>1875 sks (3065 CF)</u>
	<u>2 3/8"</u>	<u>7362' KB</u>	<u>None</u>

**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 <u>6/20/85</u>	Date of Test <u>6/21/85</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Swabbing</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>137 PSI</u>	Casing Pressure <u>162 PSI</u>	Choke Size <u>2"</u>
Actual Prod. During Test <u>167 bbls</u>	Oil - Bbls. <u>114</u>	Water - Bbls. <u>53</u>	Gas - MCF <u>22</u>

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-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 above is true and complete to the best of my knowledge and belief.

D. W. Miller  
(Signature)

President  
(Title)

June 25, 1985  
(Date)

OIL CONSERVATION COMMISSION  
7-18-85  
APPROVED  
JUL 18 1985

Original Signed by FRANK T. CHAVEZ  
BY \_\_\_\_\_  
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 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.