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GAS		
OPERATOR	1	
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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 1-1-65

B.K.

I.
Operator
Chace Oil Company, Inc.

Address
c/o Walsh Engr. & Prod. Corp., P. O. Box 254, Farmington, New Mexico 87401

Other *(Please explain)*

Reason(s) for filing *(Check proper box)*

New Well **X**

Change in Transporter of:
Oil ☐   Dry Gas ☐

Recompletion ☐

Change in Ownership ☐   Casinghead Gas ☐   Condensate ☐

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name
Jicarilla 363

Well No. **1**

Pool Name, Including Formation
Undesignated Gallup-Dakota

Kind of Lease **Indian**
State, Federal or Fee

Location
Unit Letter **O** ; **800** Feet From The **South** Line and **1700** Feet From The **East**

Line of Section **21** , Township **24N** Range **4W** , NMPM, **Rio Arriba** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil **X** or Condensate ☐
Permian Corporation

Address *(Give address to which approved copy of this form is to be sent)*
P.O.Box 1702, Farmington, N.M. 87401

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐

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

	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	**O**	**21**	**24N**	**4W**	**No**	**Unknown**

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion — (X)	Oil Well **X**	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded **4-4-73**	Date Compl. Ready to Prod. **5-1-73**	Total Depth **7365'**	P.B.T.D. **7313'**
Pool **Undesignated**	Name of Producing Formation **Gallup-Dakota**	Top Oil/Gas Pay **6026'**	Tubing Depth **6993'**
Perforations **6026'-6337' & 6936'-7038' (Overall)**			Depth Casing Shoe **7366**

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	**8-5/8", 24.0#**	**299'**	**210**
7-7/8	**4-1/2", 11.60#**	**7366'**	**900**

V. TEST DATA AND REQUEST FOR ALLOWABLE *(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)*

OIL WELL

Date First New Oil Run To Tanks **5-9-73**	Date of Test **6-7-73**	Producing Method *(Flow, pumps, etc.)* **Pump**
Length of Test **24 hours**	Tubing Pressure **50**	Casing Pressure **50** Choke Size **None**
Actual Prod. During Test	Oil - Bbls. **40**	Water - Bbls. **5** Gas - MCF **140**

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OIL CON. COM.
DIST. 3

GAS WELL

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

VI. 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.

_____
(Signature)

Petroleum Engineer Consultant
(Title)

June 11, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED **6-14**, 19 **73**

BY _____

TITLE **PETROLEUM ENGINEER DIST. NO. 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 Sections I, II, III, and VI only 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 multiple completed wells.