NO. OF COPIES RECEIVED			7	
DISTRIBUTION				
SANTA FE		/		
FILE			4	
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LAND OFFICE				
TRANSPORTER	OIL	ļ 	L	
	GAS	1/		
OPERATOR		1		
PRORATION OFFICE		1		

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C -10a Supersides Old Colos and Colon Effective 1-1-65

SANTA FE		AND	Effective 1-1-65
FILE		AND ISPORT OIL AND NATURAL GA	is N. R
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND TWO OIL = 0.	12.11.
AND OFFICE	•		10.
TRANSPORTER OIL		,	
GAS /			
OPERATOR /			
PRORATION OFFICE			
perator			
Chace Oil Company			
C/ :: 2 2 Dec.	od. Corp., P.O. Box 254,	Farmington. New Mexico	87401
	u. 001ps; 1606 Dox -547	Other (Please explain)	12 3
Reason(s) for filing (Check proper box)	Change in Transporter of:	Notification of	authorized
[ew Well X	D Care	transporter of	casing head
recompletion		r gas	
Change in Ownership	Casinghead Gas Condens		
change of ownership give name			
nd address of previous owner			
ESCRIPTION OF WELL AND I	_EASE Well No. Pool Nam	ne, Including Formation	Kind of Lease
Lease Name	11.00	indrith Gallup-Dakota	State, Federal or Fee Indian
Jicarilla 363	1 50. 1	indian dazzap zassaya	
Location		aged 1700 Feet From 3	East
Unit Letter 0 ; 800	Feet From The S Line	e and Feet From	
	washin 24N Range 4W	, NMPM, Rio Arr	iba County
Line of Section 21 , Tov	vnship 24N Range 4N	1 Harrison 200	
		0	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to which appro-	ved copy of this form is to be sent)
Name of Authorized Transporter of Oli	A of Couracinate	PYMXXRXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX	Address (Give address to which appro	ved copy of this form is to be sent)
Name of Authorized Transporter of Cas	singhead Gas 🝸 or Dry Gas 🗌		
El Paso Natural Gas	Company	P.O. Box 990, Farmingt	en
If well produces oil or liquids,	Unit Sec. Twp. Rge.	is das detudify confector.	Inknown
give location of tanks.		100	IIKIIOWII
in assemingled wi	th that from any other lease or pool,	give commingling order number:	
COMPLETION DATA			Plug Back Same Res'v. Diff. Res
	Oil Well Gas Well	New Well Workover Deepen	
Designate Type of Completi	on – (A)	The state of the s	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
		Top Oil/Gas Pay	Tubing Depth
Pool	Name of Producing Formation	Top Oll/Gds Pdy	
			Depth Casing Shoe
Perforations			•
	TUBING, CASING, AN	D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CLINCIT
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
DECLIEST I	COP ALLOWARIE (Test must be	after recovery of total volume of load of	il and must be equal to or exceed top al
TEST DATA AND REQUEST I	able for this d	lepth or be for full 24 nows;	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	tift, etc.)
page r list ivew on train			- COH FIVEN
1) of Togs	Tubing Pressure	Casing Pressure	Choke 614 (LULIY LU
Length of Test			
Dod Dide Too	Oil-Bbls.	Water-Bbls.	Gas MCF JUL 23 1973
Actual Prod. During Test		_	
			VIL CON. COM.
		_	DIST, 3
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Sondensate
Actual Frod. Test-MCF/D	Long or 100.		
	Tubing Pressure	Casing Pressure	Choke Size
Testing Method (pitot, back pr.)	I doing Liessara	-	
		OH CONSERV	VATION COMMISSION
I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
		APPROVED JUL 23 19	., 19 <u> </u>
I hereby certify that the rules an	nd regulations of the Oil Conservation	on AFFROVED	Emery C. Arnold
Commission have been complied	d with and that the information give the best of my knowledge and belief	APPROVED	,
amove is true and complete to	the near of my knowledge and passe		
	,	TITLE SUPERVISOR DIS	- 0
	06 6	must be to be filled	in compliance with RULE 1104.

Eccilla (Signature)

Petroleum Engineer Consultant

(Title)

July_18,...1973_

This form is to be filed in compliance with RUL

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.