

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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
Effective 1-1-85

315417

I. Operator
Chace Oil Company

Address
313 Washington, S.E., Albuquerque, N.M. 87108

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

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JUL 31 1984
OIL CON. DIV.
DIST. 3

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Contract #70	Well No. 70417	Pool Name, including Formation South Lindrith Gallup-Dakota	Kind of Lease State, Federal or Fee Apache	Jicarilla	Lease No.
Location Unit Letter G : 1980' Feet From The NL Line and 1980' Feet From The EL Line of Section 34 Township 24N Range 4W, NMPM, Rio Arriba County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation Permian (Eff. 9/1/87)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1702, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks. Unit G Sec. 34 Twp. 24N Rge. 4W	Is gas actually connected? No When

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 6/27/84	Date Compl. Ready to Prod. 7/25/84	Total Depth 7425' KB	P.B.T.D. 7378' KB					
Elevations (DF, RKB, RT, GR, etc.) 7019' GL, 7032' KB	Name of Producing Formation Gallup-Dakota	Top Oil/Gas Pay 5786' KB	Tubing Depth 7217' KB, 7181' SN					
Perforations Dakota 'D': 7222'-7280' Greenhorn: 6986'-7034' Gallup: Dakota 'A': 7082'-7132' Tocito: 6784'-6790' 5786'-6240'	Depth Casing Shoe 7424' KB							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	220' KB	170 Sks. (200 CF)					
7 7/8"	4 1/2"	7425' KB	1640 Sks (2747 CF)					
	2 3/8"	7217' KB	None					

VI. 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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 7/26/84	Date of Test 7/27/84	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 24 Hrs.	Tubing Pressure 140 PSI	Casing Pressure 160 PSI	Choke Size 2"
Actual Prod. During Test 169 bbls.	Oil - Bbls. 121 bbls.	Water - Bbls. 48 bbls.	Gas - MCF 23 MCF

GAS WELL

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

VII. 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
July 30, 1984
(Date)

OIL CONSERVATION COMMISSION
JUL 31 1984

APPROVED _____, 19____

BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 2

TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filled for each pool in multi-completed wells.