

OIL CONSERVATION DIVISION

Form OCM 2083

SANTA FE, NEW MEXICO 87501

APPLICANT	
ADDRESS	
CITY	
STATE	
ZIP	
TRANSPORTER	
OPERATOR	
PRODUCER	

REQUEST FOR ALLOWANCE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Company: Chase Energy, Inc.

Address: c/o Allen Consulting, Inc., 2501 East 20th, Farmington NM 87401

Reason for filing (Check proper box):

☐ New Well	☐ Change in Transportation
☐ Reconnection	☒ Oil
☐ Change in Ownership	☐ Gas

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Deb	17	Slickrock Dakota	Navajo	14-20-603-2027
Location				
Unit Letter <u>I</u> : <u>2000</u> Feet From The <u>South</u> Line and <u>420</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>30N</u> Range <u>17W</u> N.M.P.M. San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

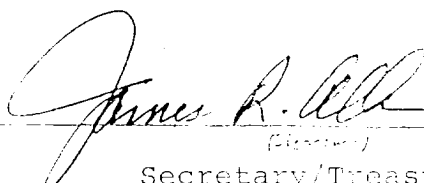
Name of Authorized Transporter of Oil ☒ or Gas ☐	Address (Give address to which approved copy of this form is to be sent)														
The Mancos Corporation	PO Drawer 1320, Farmington NM 87499														
Name of Authorized Transporter of Gas ☐ or Oil ☐	Address (Give address to which approved copy of this form is to be sent)														
<table border="0"> <tr> <td>If well produces oil or heavier, give number of tanks.</td> <td>Unit</td> <td>Sec.</td> <td>Twp.</td> <td>Range</td> <td>Is gas actually connected?</td> <td>When</td> </tr> <tr> <td></td> <td>I</td> <td>36</td> <td>30N</td> <td>17W</td> <td></td> <td></td> </tr> </table>		If well produces oil or heavier, give number of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When		I	36	30N	17W		
If well produces oil or heavier, give number of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When									
	I	36	30N	17W											

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

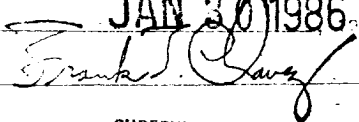
NOTE: Complete Parts IV and V as required, if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and correct to the best of my knowledge and belief.


Secretary/Treasurer
9-385

OIL CONSERVATION DIVISION

APPROVED JAN 30 1986
BY 
TITLE SUPERVISOR DISTRICT #1

This form is to be filed in or with the nearest well file.
If this is a request for allowance for a newly drilled or deeper well, this form must be accompanied by a calculation of the deviation of the well in accordance with N.M.A.C. 10.1.1.
All wells of this type must be drilled and completed for all able on rate and regulated wells.
Fill out only Sections I, II, III, and IV for changes of well name or number, or transportation of oil or gas change of capacity.
Separate Form OCM 2084 must be filed for each pool in multi completion wells.

JAN 7 1986

STW 3

IV. COMPLETION DATA

Designate Type of Completion — (X)		Oil Well	Gas Well	New Well	Workover	Reopen	Plug Back	Some Restr.	DDL
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.M.T.D.			
Corrections (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Restrictions						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of liquid oil and must be equal to or exceed allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Quantity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (24hr-12)	Casing Pressure (24hr-12)	Choke Size