

30611/R
4-3-85
Form C-104
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Page 1

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Chase Energy, Inc.

Address
c/o Allen Consulting, Inc. 2501 East 30th, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name and address of previous owner: Overland Oil & Gas Corp. 3539 E. 30th Farmington, N.M. 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name DEB	Well No. 40	Pool Name, including formation Slickrock Dakota	Kind of Lease State, Federal or Fee	Lease No. 21-000-2027
Location Unit Letter <u>P</u> : <u>264</u> Feet From The <u>South</u> Line and <u>780</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>30N</u> Range <u>17W</u> , NMPM, <u>San Juan</u> 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"/> Gary Energy Corporation	Address (Give address to which approved copy of this form is to be sent) 115 Inverness Drive East Englewood, Co.
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit <u>P</u> Sec. <u>36</u> Twp. <u>30N</u> Rge. <u>17W</u>	Is gas actually connected? <u> </u> When <u> </u>

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

NOTE: Complete Parts IV and V on reverse side 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 complete to the best of my knowledge and belief.

[Signature]
(Signature)
Sec/Treas
(Title)
3-14-85
(Date)

OIL CONSERVATION DIVISION
APPROVED Frank J. Law MAR 14 1985
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.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv. D.
Date Spudded 3-14-75	Date Compl. Ready to Prod. 3-20-75	Total Depth 754'			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) 5030 Gr.	Name of Producing Formation Slick Rock Dakota	Top Oil/Gas Pay 750'			Tubing Depth 750.44'		
Particulations Open Hole 750-754					Depth Casing Shoe 750'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9 5/8"	7 5/8"	24'	20
6 3/4"	5 1/2"	750.44'	20
	2 7/8"	750	

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

Date First New Oil Run To Tanks 12-3-76	Date of Test 12-3-76	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hr.	Tubing Pressure none	Casing Pressure 8	Choke Size 2"
Actual Prod. During Test 1 bbl	Oil-Bbls. 1bbl	Water-Bbls. 0	Gas-MCF TSTM

GAS WELL

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