

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RETURNED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

**I. Operator**  
Chase Energy, Inc.

**Address**  
c/o Allen Consulting, Inc. 2501 East 20th Street, Farmington, New Mexico 87401

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

<input type="checkbox"/> New Well	<b>Change in Transporter of:</b> <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	<b>Other (Please explain)</b>
<input type="checkbox"/> Recombination		
<input checked="" type="checkbox"/> Change in Ownership		

If change of ownership give name and address of previous owner B.O.A. Oil and Gas 3100 Municipal Drive, Farmington, New Mexico 87401

**II. DESCRIPTION OF WELL AND LEASE**

<b>Lease Name</b> Ute Mtn. "B"	<b>Well No.</b> 2	<b>Pool Name, including Formation</b> Verde Gallup	<b>Kind of Lease</b> State, Federal or Fee Fed	<b>Lease No.</b> NM 238
<b>Location</b>				
Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>29</u> Township <u>31N</u> Range <u>15W</u> , NMPM, San Juan County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

<b>Name of Authorized Transporter of Oil</b> <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Gary Energy Corporation	<b>Address (Give address to which approved copy of this form is to be sent)</b> 115 Inverness Drive East, Englewood, CO 80112-5116
<b>Name of Authorized Transporter of Casinghead Gas</b> <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	<b>Address (Give address to which approved copy of this form is to be sent)</b>
<b>If well produces oil or liquids, give location of tanks.</b>	<b>Is gas actually connected? When</b>
Unit <u>2</u> Sec. <u>29</u> Twp. <u>31N</u> Rge. <u>15W</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)

Secretary/Treasurer

2-11-85  
(Date)

## OIL CONSERVATION DIVISION

APPROVED FEB 11 1985

BY [Signature]  
TITLE SUPERVISOR DISTRICT #9

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.

FEB 11 1985  
OIL CON. DIV.  
DIST. 9

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Particulations						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 load oil and must be equal to or exceed to able 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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size