

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

NO. OF COPIES DESIRED	
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SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION 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 20th Street, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership <i>Copy</i>	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate
Well Name <i>Ute B</i>	
If change of ownership give name and address of previous owner B.O.A. Oil and Gas 3100 Municipal Drive, Farmington, NM 87401	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ute Mtn. "B"	Well No. 20	Pool Name, including Formation Verde Gallup	Kind of Lease State, Federal or Fee <i>Ute</i>	Lease No. NM 238
Location				
Unit Letter <i>G</i> ; 2455 Feet From The <i>North</i> Line and 1944 Feet From The <i>East</i>				
Line of Section 31 Township 31N Range 15W, NMPM, San Juan 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"/> <i>Chase Energy Corporation</i>	Address (Give address to which approved copy of this form is to be sent) <i>Chase Energy Corporation, 2501 East 20th Street, Farmington, NM 87401</i>
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 Sec. Twp. Rge. G 31 31N 15W
Is gas actually connected?	When

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

(Title)

2-11-85

(Date)

OIL CONSERVATION DIVISION

FEB 11 1985

APPROVED _____, 19

BY *Frank J. [Signature]*
SUPERVISOR DISTRICT # 3

TITLE _____

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 CONSERV. DIV.
DIST. 3

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Deviation (DF, RKB, RT, GR, 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 load oil and must be equal to or exceed allowable for this depth or be for full 24 hours)

OIL WELL			
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 (Shot-12)	Casing Pressure (Shot-12)	Choke Size