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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer 00, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	ACTION OIL CO., INC.		Well API No.	15 3 1015-24606
Address	3301 EAST MAIN FARMINGTON, NEW MEXICO 87402			
Reason(s) for Filing (Check proper box)	☐ Other (Please explain)			
New Well ☐	Change in Transporter of:			
Recompletion ☐	Oil ☐	Dry Gas ☐		
Change in Operator ☒	Casinghead Gas ☐	Condensate ☐		
If change of operator give name and address of previous operator	CHASE ENERGY, INC.			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Ute Mtn "B"	Well No.	15	Pool Name, Including Formation	Verde Gallup	Kind of Lease	State, Federal or Pco	Ute Tribal	Lease No.	14-20-604-90
Location	Unit Letter K : 1929 Feet From The South Line and 1966 Feet From The West Line									
	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	☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)				
GIANT INDUSTRIES		PO BOX 12999, SCOTTSDALE, AZ 85267				
Name of Authorized Transporter of Casinghead Gas	☐ or Dry Gas ☐	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 K	Sec. 31	Twp. 31N	Rge. 15W	Is gas actually connected?	When ?
					NO	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☐	Gas Well ☐	New Well ☐	Workover ☐	Deepen ☐	Plug Back ☐	Same Rec'd ☐	Diff Rec'd ☐
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
Elevations (DF, RKB, RF, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. 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 allowable for this depth or be for full 24 hours.)

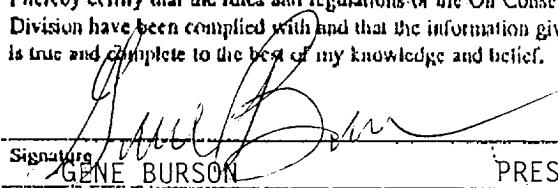
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature 
Printed Name GENE BURSON PRESIDENT

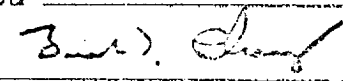
Date Telephone No. (505) 327-0311

OIL CONSERVATION DIVISION

NOV 8 1993

Date Approved

By


SUPERVISOR DISTRICT 13

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1101

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.