NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Artesia, New Mexico (Place) January 18, 1965 (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

GEORGE A. CHASE (Company or Operator), FEATHERSTONE (Lease), Well No. 1-27, in SW ¼ SE ¼,

O (Unit Letter), Sec. 27, T. 16 S., R. 31 E., NMPM., SQUARE LAKE (SA) Pool

Eddy County. Date Spudded 12-28-64 Date Drilling Completed 1-6-65

Elevation 4047 GL Total Depth 3780 PBTD 3780

Top Oil/Gas Pay 3603 Name of Prod. Form. Premier

PRODUCING INTERVAL -

Perforations 3603 - 3630 and 3762 - 3772

Open Hole ____ Depth Casing Shoe 3780 Depth Tubing 3600

OIL WELL TEST -

Natural Prod. Test: ____ bbls.oil, ____ bbls water in ____ hrs, ____ min. Choke Size ____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 41 bbls.oil, 97 bbls water in 24 hrs, 0 min. Choke Size 1"

GAS WELL TEST -

Natural Prod. Test: ____ MCF/Day; Hours flowed ____ Choke Size ____

Method of Testing (pitot, back pressure, etc.): ____

Test After Acid or Fracture Treatment: ____ MCF/Day; Hours flowed ____

Choke Size ____ Method of Testing: ____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 550 gals acid, 72,000# sand, 126,420 gals water

Casing Press. 320 Tubing Press. 0 Date first new oil run to tanks 1-15-65

Oil Transporter Continental Oil Company, Artesia, New Mexico

Gas Transporter ____

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

990/S 2310/E

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8	30	3 yds
5-1/2	3780	200 sacks
2" EUE	3600	

RECEIVED
JAN 21 1965
O. C. C.
ARTESIA, OFFICE

Remarks: ____

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved JAN 21 1965, 19____

OIL CONSERVATION COMMISSION

By: M L Armstrong
GAS INSPECTOR

Title ____

GEORGE A. CHASE (Company or Operator)

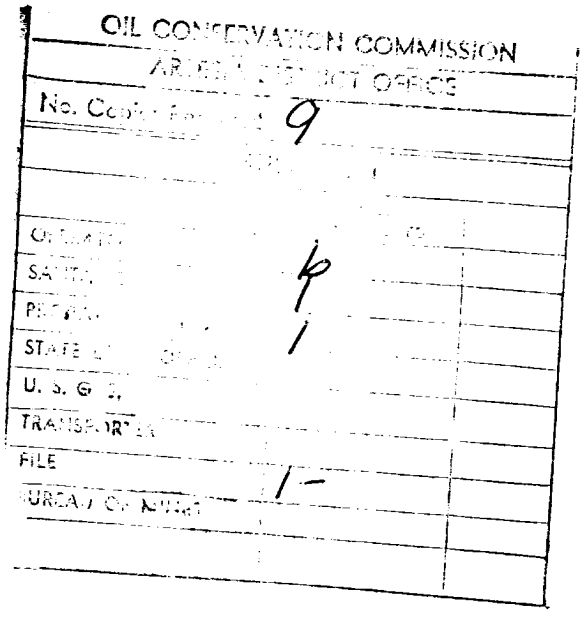
By: George A. Chase (Signature)

Title Owner

Send Communications regarding well to:

Name George A. Chase

Address P. O. Box 637, Artesia, New Mexico - 88210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NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator: GEORGE A. CHASE			Lease: FEATHERSTONE	Well No.: 1-27
Unit Letter: O	Section: 27	Township: 16 S	Range: 31 E	County: Eddy
Pool: SQUARE LAKE Ext. SA			Kind of Lease (State, Fed Fee): FEDERAL	
If well produces oil or condensate give location of tanks	Unit Letter: O	Section: 27	Township: 16 S	Range: 31 E

Authorized transporter of oil [X] or condensate [ ]: Continental Oil Company

Address (give address to which approved copy of this form is to be sent): Artesia, New Mexico

Is Gas Actually Connected? Yes ____ No X

Authorized transporter of casing head gas [ ] or dry gas [ ]

Date Connected:

Address (give address to which approved copy of this form is to be sent):

If gas is not being sold, give reasons and also explain its present disposition:

negotiating contract

REASON(S) FOR FILING (please check proper box)

New Well . . . . . [X]
Change in Transporter (check one)
Oil . . . . . [ ] Dry Gas . . . . [ ]
Casing head gas . [ ] Condensate . . [ ]
Change in Ownership . . . . . [ ]
Other (explain below)

RECEIVED
JAN 21 1965
O. C. C.
ARTESIA, OFFICE

Remarks

completed 1-6-65

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 18th day of January, 19 65.

OIL CONSERVATION COMMISSION

Approved by: M L Armstrong

Title: OIL AND GAS INSPECTOR

Date: JAN 21 1965

By: George A Chase

Title: Owner

Company: GEORGE A. CHASE

Address: P. O. Box 637, Artesia, New Mexico - 88210

Form 9-330
(Rev. 5-63)

N. M. O. C. C. COPY

Copy to J. F.

SUBMIT IN DUPL. E*
(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

RECEIVED
JAN 25 1965
O. C. C.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.: NM 04361

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

1a. TYPE OF WELL: OIL WELL [X] GAS WELL [ ] DRY [ ] Other

b. TYPE OF COMPLETION: NEW WELL [X] WORK OVER [ ] DEEP-EN [ ] PLUG BACK [ ] DIFF. RESVR. [ ] Other

8. FARM OR LEASE NAME: RILEY

2. NAME OF OPERATOR: GEORGE A. CHASE

9. WELL NO.: 1

3. ADDRESS OF OPERATOR: P. O. Box 637, Artesia, New Mexico - 88210

10. FIELD AND POOL, OR WILDCAT: SQUARE LAKE

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface NW/4, SW/4, SE/4, Section 27, Township 16S, Range 31E, Eddy County, New Mexico
At top prod. interval reported below
At total depth 3780

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 27, T 16S, R 31E

14. PERMIT NO. | DATE ISSUED

12. COUNTY OR PARISH: Eddy | 13. STATE: New Mexico

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
12-28-64	1-6-65	1-6-65	4047GL	4047

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
3780	3780		→	0-3780	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
3603 - 3630 Premier
3762 - 3772 Lovington

25. WAS DIRECTIONAL SURVEY MADE: yes

26. TYPE ELECTRIC AND OTHER LOGS RUN: Gamma Ray Density

27. WAS WELL CORED: no

28. CASING RECORD (*Report all strings set in well*)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13-3/8"	54#	30'	20"	3 yards	none
5-1/2"	17#	3780'	7-7/8"	200 sacks	none

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2" EUE	3600'	none

31. PERFORATION RECORD (*Interval, size and number*)
0-1/2" jet holes:
3603 3620
3606 3625
3609 3630
3513
16 holes 3762-3772

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3603 - 3630 and 3762 - 3772	150 gals mud acid 400 gals regular acid 72,000# sand 126,420 gals water

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)
1-14-65	flowing and swabbing	producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
1-15-65	24	1"		41	19.105	97	466/1

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
swabbing	320		41	19.105	98	36°

34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*): vented

TEST WITNESSED BY: Harold L. Turner

35. LIST OF ATTACHMENTS: none

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED: Geo. A. Chase TITLE: Owner DATE: 1-22-65

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.
If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.
Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.
Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.
Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.
Item 29: *"Sacks Cement":* Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.
Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
	0	704	Red Beds
	704	829	Anhy
	829	1844	Salt
	1844	2027	Anhy and Dolo
	2027	2302	Sand and Dolo
	2302	2904	Dolomite
	2904	3298	Sand and Dolomite
	3298	3590	Dolo and Sand
	3590	3632	Dolo and Sand
	3632	3744	Dolo
	3744	3772	Sand
	3772	3780	Lime

38. GEOLOGIC MARKERS

NAME	TOP MEAS. DEPTH	TOP TRUE VERT. DEPTH
T. Anhy	704	
T. Salt	829	
B. Salt	1844	
T. Yates	2027	
T. 7 Rivers	2302	
T. Queen	2904	
T. Gray	3298	
T. Premier	3590	
T. S. A.	3632	
T. Lovington	3744	

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