Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, 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

SEP - 3 1991

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Chase Inc.

Well API No.: 30-015-28793

Address: 16 Desta Drive STE 100 W. Midland, TX 79705

Reason(s) for Filing (Check proper box)

New Well	[X]	Change in Transporter of:	
Recompletion	[ ]	Oil [ ]	Dry Gas [ ]
Change in Operator	[ ]	Casinghead Gas [ ]	Condensate [ ]

Other (Please explain)

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
DAGGER DRAW	11	N. DAGGER DRAW UPPER PENN	State, (Federal) or Fee	NM 54382

Location

Unit Letter O : 660 Feet From The SOUTH Line and 1980 Feet From The EAST Line

Section 30 Township 19 S Range 25 E NMPM, EDDY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
AMOCO PIPELINE	P.O. BOX 702068, TULSA, OKLA. 71470
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
PHILLIPS 66 NATURAL GAS CO.	4001 PENBROOK, ODESSA, TX. 79760

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	L	19	19S	25E	YES	8-23-91

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 Res'v	Diff Res'v
	X		XX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-11-91	8-20-91	8114	8064

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
GR 3541.0	CISCO CANYON	7636	7600

Perforations	Depth Casing Shoe
7636-7667, 7682-7710, 7736-7795	8114

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4	9 5/8	1205	1040
8 3/4	7	8114	1500

Post ID-2 10-11-91 comp & BK

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.)	
8-23-91	8-28-91	PUMPING	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 HR			
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas- MCF**
2772	849	287	826

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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: Bill R. Keathly

BILL R. KEATHLY, SR. STAFF ANALYST
Printed Name — Title

8-29-91 — 915-686-5424
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved: OCT 10 1991

By: ORIGINAL SIGNED BY MIKE WILLIAMS

Title: SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.