

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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Chase Energy, Inc.

c/o Allen Consulting, Inc. 2501 East 20th Street, Farmington, NM.87401

New Well	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)

change of ownership give name Overland Oil & Gas Inc. 1601 Yucca Avenue, Farmington, NM 87401
 address of previous owner _____

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Navajo	Lease No.
Deb	15	Slickrock Dakota	State, Federal or Free	14-20-603-2027	

Unit Letter P ; 350 Feet From The South Line and 1080 Feet From The East

Line of Section 36 Township 30N Range 17W NMPM, San Juan County

One of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Gary Energy Corporation	Address (Give address to which approved copy of this form is to be sent) 115 Inverness Drive East, Englewood, CO 80112-5116
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Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)


well produces oil or liquids, or location of tanks.	Unit P	Sec. 36	Twp. 30N	Rge. 17W	Is gas actually connected?	When
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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.

. CERTIFICATE OF COMPLIANCE

creby certify that the rules and regulations of the Oil Conservation Division have
in complied with and that the information given is true and complete to the best of
knowledge and belief.


(Signature)

Secretary/Treasurer

(T410)

(Date)

OIL CONSERVATION DIVISION

APPROVED _____ FEB 19 1965

BY James M. [Signature]

TITLE _____ SUPERVISOR DISTRICT 35 3

This form is to be filled 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 allowance on new and recompleted walls.

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 Form C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Res.
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			
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 (Test must be after recovery of total volume of load oil and must be equal to or exceed top of 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/MMCF	Gravity of Condensate
Testing Method (plug, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size