

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 37504-2088

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 APN#	30-045-20224
Address	3301 EAST MAIN FARMINGTON, NEW MEXICO 87402			
Reason(s) for Filing (Check proper box)	☐ New Well ☐ Recompletion ☒ Change in Operator ☐ Other (Please explain)			
Change in Transporter of:	☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate			
If change of operator give name and address of previous operator	CHASE ENERGY, INC.			

II. DESCRIPTION OF WELL AND LEASE

Navajo

Lease Name	King Kong	Well No.	5	Pool Name, Including Formation	Salt Creek Dakota	Kind of Lease	State, Federal or Pco	Lease No.	14-20-0603-639
Location	Unit Letter L S Feet From The 1830 Line and W Feet From The 430 Line Section 4 Township 30N Range 17W NMPM, San Juan County								

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	GIANT INDUSTRIES	or Condensate		Address (Give address to which approved copy of this form is to be sent)	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	Sec.	Twp.	Rge.	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'y	Diff Rec'y
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.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

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 WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Gas
Testing Method (prior, 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: Gene Burson
Printed Name: GENE BURSON
Title: PRESIDENT
Date: (505) 327-0311
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 8 1993

By: Supervisor
Title: SUPERVISOR DISTRICT 13

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

- 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.
- Fill out only Sections I, II, III, and IV.