

NAME OF OPERATOR	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROGRAM OFFICE	

OIL CONSERVATION DIVISION
JAN 20 1986
SANTA FE FIELD OFFICE

Form O-101
Revised 10-01-73
Formal O-01-73
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NEED NOT BE FLOWING

I.

Operator Chase Energy, Inc.	
Address Allen Consulting, Inc., 2501 East 20th Street, Farmington NM 87401	
Reason(s) for filing (Check proper box) ☐ New Well ☐ Re-completion ☐ Change in Ownership	
Location in Tract, point of: ☒ Oil ☐ Gas ☐ Hydrocarbon Gas	Other: ☐ Dry Gas ☐ Nonhydrocarbon

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND

Lease Name Clark Kent	Section 1	Township Salt Creek Dakota	Range Navajo	Lease No. 14-29-0603-903
Location Unit Letter I : 1880 feet from the South line and 165 feet from the East line Line of Section 5 Township 30N Range 17W County San Juan				

III. DESIGNATION OF TRANSPORTER OF OIL AND GAS

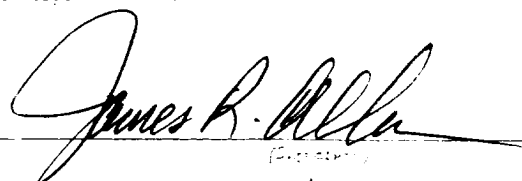
Name of Authorized Transporter of Oil ☒ or Gas ☐ The Mancos Corporation	Address (Give address to which approved copy of this form is to be sent) PO Drawer 1320, Farmington NM 87499
Name of Authorized Transporter of Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit I Sec. 5 Twp. 30N R. 17W	Is gas actually burned? ☐ When

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

NOTE: Complete Parts III and IV on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information furnished is true and complete to the best of my knowledge and belief.


(Signature)

Secretary/Treasurer

9-3-85
(Date)

OIL CONSERVATION DIVISION
APPROVED
BY 
TITLE **SUPERVISOR DISTRICT #3**

This form is to be filed in compliance with RULE 110A.
If this well is drilled or deepened, this form must be resubmitted by the completion of the deviation test, or if the well is abandoned, by the 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
This form must be filed with the Oil Conservation Division, changes of owner, well name or number, or transporter or other such change of condition.
Separate forms 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 Restr.	Diff. R.
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 OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed 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/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Shwt-lb)	Casing Pressure (Shwt-lb)	Choke Size