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TRANSPORTER	OIL
PERATOR	GAS
ORATION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Formal 06-01-83  
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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Chase Energy, Inc.

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

Reason(s) for filing (Check proper box)

☐ New Well  
☐ Recombination  
☐ Change in Ownership  
Change in Transporter of:  
☒ Oil  
☐ Gas  
☐ Condensate

Other (Please explain)

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

DESCRIPTION OF WELL AND LEASE

Well Name Navajo Tribal	Well No. 9	Pool Name, Including Formation Slickrock Dakota	Kind of Lease Navajo State, Federal or Fee 14-20-0608-742	Lease No.
Location Unit Letter E : 2400 Feet From The North Line and 960 Feet From The West Line of Section 31 Township 30N Range 16W, NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Bary Energy Corporation	Address (Give address to which approved copy of this form is to be sent) 115 Inverness Drive East, Englewood, CO 80112-5116
Name of Authorized Transporter of Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Well produces oil or liquids, or location of tanks.	Unit Sec. Twp. Rge. E 31 30N 16W
Is gas actually connected?	When

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

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



Secretary/Treasurer

2-11-85  
(Date)

OIL CONSERVATION DIVISION

FEB 11 1985

APPROVED

BY



TITLE

SUPERVISOR DISTRICT #3

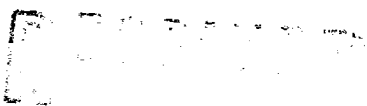
This form is to be filed in compliance with RULE 1104.

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 allowable on new and recompleted wells.

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



FEB 11 1985

OIL CON. DIV.  
DIST. 3

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	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 lost 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 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/MACF	Gravity of Condensate
Testing Method (puck, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size