

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

|                        |     |
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| FILE                   |     |
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| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
| OPERATOR               | NAS |
| PRODUCTION OFFICE      |     |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Chase Energy, Inc.

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

Reason(s) for filing (Check proper box)

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

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

|  |                |  |  |
|--|----------------|--|--|
| Lease Name<br>Navajo Tribal  | Well No.<br>15 | Pool Name, including Formation<br>Slickrock Dakota | Kind of Lease Navajo<br>State, Federal or Fee 14-20-0603-742 |
| Location<br>Unit Letter <i>F</i> : 2570 Feet From The North Line and 1390 Feet From The West<br>Line of Section 31 Township 30N Range 16W, NMPM, San Juan County |                |  |  |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |   |
|---|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><i>Overland Oil and Gas, Inc.</i> | Address (Give address to which approved copy of this form is to be sent)<br><i>Overland Oil and Gas, Inc. 1601 Yucca Avenue, Farmington, NM 87401</i> |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>   | Address (Give address to which approved copy of this form is to be sent)  |
| If well produces oil or liquids, give location of tanks.<br>Unit E Sec. 31 Twp. 30N Rge. 16W  | Is gas actually connected? When   |

If 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.

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 given is true and complete to the best of my knowledge and belief.

*[Signature]*  
(Signature)  
Secretary/Treasurer  
*2-11-85*  
(Date)

OIL CONSERVATION DIVISION  
FEB 11 1985  
APPROVED *[Signature]*  
BY *[Signature]*  
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.

*[Stamp]*

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 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 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/MCF      | Gravity of Condensate |
| Testing Method (prod, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |