

OIL CONSERVATION DIVISION

P. O. BOX 2082

SANTA FE, NEW MEXICO 87501

NO. OF LEASES REQUESTED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
OPERATING 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)

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

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name

Ute Mtn. "B"

Well No.

10

Pool Name, including Formation

Verde Gallup

Kind of Lease

State, Federal or Loc Fed

Lease No.

NM 238

Location

Unit Letter N : 535 Feet From The South Line and 2205 Feet From The West

Line of Section 29 Township 31N Range 15W

N.M.P.M.

San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

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	Sec.	Twp.	Rge.
N	29	31N	15W

Is gas actually connected?

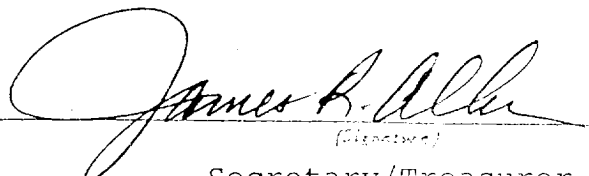
When

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.



Secretary/Treasurer

(Title)

9-3-85

(Date)

OIL CONSERVATION DIVISION

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 deeper well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 1111.

All sections of this form must be filled out completely for all wells on new and recompleting wells.

Fill out only Sections I, II, III, and IV for changes of own well name or number, or transporter or other such change of credit.

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

RECEIVED

JAN 30 1986

OIL CONSERVATION DIVISION

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Extension	Plug Back	Same Header	BMV
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 cell 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	Quantity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Kht-in)	Casing Pressure (Kht-in)	Choke Size