

Submit 5 Copies  
 Appropriate District Office  
**DISTRICT I**  
 P.O. Box 1980, Hobbs, NM 88240

**DISTRICT II**  
 P.O. Drawer 00, Artesia, NM 88210

**DISTRICT III**  
 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
 Energy, Minerals and Natural Resources Department

Form C-104  
 Revised 3-1-89  
 See Instructions  
 at Bottom of Page

**OIL CONSERVATION DIVISION**  
 P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

**I. OPERATOR**

Operator: ACTION OIL CO, INC. Well API No. 22 20-145 25224

Address: 3301 EAST MAIN FARMINGTON, NEW MEXICO 87402

Reason(s) for Filing (Check proper box):  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Operator  Casinghead Gas  Condensate  *Same as before*

If change of operator give name and address of previous operator: CHASE ENERGY, INC.

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name: Ute Mountain "B" Well No. 22 Pool Name, including Formation: Verde Gallup Kind of Lease: State, Federal or Fee Lease No. 4-20-604-90

Location: NM 238

Unit Letter: M ; 727 Feet From The S Line and 886 Feet From The W Line

Section 29 Township 31N Range 15W, NMPM, San Juan County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate  GIANT INDUSTRIES 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 M Sec. 29 Twp. 31N Rge. 15W Is gas actually connected? NO When?

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			R.B.T.D.		
Elevations (DF, RKB, RF, 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	Grav. Condensate/MCF/D	Gravity of Condensate
Testing Method (pilot, 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: Telephone No. (505) 327-0311

**OIL CONSERVATION DIVISION**

Date Approved: NOV 8 1993

By: *Gene Burson*  
 Title: SUPERVISOR DISTRICT #3

**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.