District I PO Box 1980, Hobbs, NM 88244-1980

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994 back

District II

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ORT

811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410			OIL CONSERVATION DIV 2040 South Pacheco Santa Fe, NM 87505				eco	ION	Submit to Appropriate District Of 5 Co					
-		in Fe, NM 87505										ENDED REPO		
1.		REQUEST	FOR A	LLOWAB	LE A	JA DN.	JTHOR	IZAT	ION TO T					
AMOCO PRODUCTION CO											¹ OGRID Number 000778			
P. O. BOX 800							· · · · · ·				Reason for Filing Code			
DENVER, COLORADO 8020							1				RC			
1	Al'I Numbe		⁵ Pool Name					¹ Pool Code						
30 - 0 45-			Otero Chacra								82	329		
Property Code					Property Na	me			* Well Number					
II. 10 S		Location	Lackey							l		1E		
Ul or lot no.	Section	Township	Runge Lot.ldn Feet from the North/South Line						Feet from the	Enst/We	at line	County		
I	I 23 28N		9W 15						940	East				
11 Bottom Hole Lo			cation						1 340	1 2000	Jac Jour Judii			
		Township	Range	Let Idn	Feet fre	om the	North/South line		Feet from the	East/West line		County		
12 Lac Code	13.00			<u> </u>										
F	1		thod Code 44 Gas Connection Date 15			C-129 Permit Number			C-129 Effective Date C-129 Expiration D			129 Expiration Da		
III. Oil a	nd Gas	Transport	lers											
Тганарыя			Transporter Name			" l'O	2* POD 25 O/G		27 POD ULSTR Location					
OGRID		and Address								and Description				
9018 Giant Re		iant Refi	-			4365/0 0								
Scottsdal			100000											
007057 El Paso Field Services P.O. Box 4990						136530 G								
	0058998994			NM 87499-4990										
		V- 11-84												
										(A)	<u> </u>			
									(D)	EGI		AGU		
IV. Produ	and W	'- 1 - ··							N.	MAY 2	201	996		
	rob	ater				μ Ivola tit	(17)				- <u> </u>	P - P - 7		
436550							POD ULSTR Location and Description OIL CON. DIV.							
V. Well C	Comple	tion Data							·	D	Sì.	33		
			Ready Date "TD			" PBTD		" Perforations) (DIIC, DC,MC			
	4/20/81 2		/13/96 7000 '				6955'		3366-33	74'		DHC		
			³⁷ Casing & Tubing Size			3) Depth Set						Cement		
12.25"			9.625"			252'				250 sx C1 B				
8.75"			7.000"			2999'				450sx 65/35;150sx C1				
6.2	25''		4.500"			6998'				400sx	65/3	5;150sx C1		
VI. Well Test Data						6760'								
VI. Well Test Data Date New Oil						N. Tr.								
				5/8/96		" Test Longil		g (la	h "The Pe					
4 Choke Size		41 (41 Oil) () ler		24 hrs		4 AOF			75 Test Method		
			0 0			1300				F				
" I hereby certify with and that the	that the m	ules of the Oil Co	onservation Di true and comm	vision have been of	complied			CO	ICEDVAT	ON to	V. C.			
knowledge and be Signature:	elief.			00.00				CON	SERVATI	וט אט.	v 151	ON		
	Patty Hackele							Approved by: ORIGINAL SIGNED BY ERNIE BUSCH						
Patty Maefele .						DEPUTY OIL & GAS INSPECTOR, DIST. #3								
Tide: Staff Assistant						Аррноval Date: JUN 2 4 1996								
Date: 5/17/96 Phone: (303) 830-4988														

" If this is a change of operator fill in the OGRID number and name of the previous operator

Note: Dakota is Lackey 1E; Mesaverde-Lackey 1E (BLM) & Warren A LS 2A (NMOCD)
Previous Operator Signature
Printed Name
Title

Title

Date

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15,025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- Reason for filing code from the following table:

 NW New Well

 RC Recompletion

 CH Change of Operator (Include the effective date.)

 AO Add oil/condensate transporter

 CO Change oil/condensate transporter

 AG Add gas transporter

 CG Change gas transporter

 RT Request for test allowable (Include volume requested)

 If for any other reason write that reason in this box If for any other reason write that reason in this box.
- 4 The API number of this well
- 5. The name of the pool for this completion
- 6 The pool code for this pool
- The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicanilla 12.

 - Navajo Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table:
 - Þ
- Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a gas transporter 14.
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table:
 O Oil
 G Gas 21.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.

- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 34. Number of sacks of cement used per casing string

If the following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline
- 37. MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- The method used to test the well:
 F Flowing
 P Pumping
 S Swabbing 46

 - If other method please write it in.
- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 47.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was 48. operates this complet signed by that person