

District I
 PO Box 1908, Hobbs, NM 88241-1908
 District II
 PO Drawer DD, Artesia, NM 88211-0719
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
 Energy, Minerals & Natural Resources Department

Form C-104
 Revised February 10, 1994
 Instructions on back
 Submit to Appropriate District Office
 5 Copies

OIL CONSERVATION DIVISION
 PO Box 2088
 Santa Fe, NM 87504-2088

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address RODDY PRODUCTION COMPANY, INC. P. O. BOX 2221 FARMINGTON, NM 87499-2221		OGRID Number 36845
		Reason for Filing Code NW
API Number 30 - 0 45-29161	Pool Name WEST KUTZ PICTURED CLIFFS	Pool Code 79680
Property Code 13929	Property Name LUCERNE FEDERAL	Well Number 3

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
K	17	28N	11W		1820	SOUTH	1470	WEST	SAN JUAN

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	17	28N	11W		1820	SOUTH	1470	WEST	SAN JUAN
Lee Code F	Producing Method Code F	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
36845	RODDY PRODUCTION COMPANY, INC. P. O. BOX 2221 FARMINGTON, NM 87499-2221		G	
7057	EPNG P.O. Box 4990 FARMINGTON, N.M. 87499	2813625	G	

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IV. Produced Water

POD 2813626	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	FRTD	Perforations
11/03/94	11/17/94	1778'	1721'	1611-1660
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	
8 3/4"	7" K-55	218'	76.70 CF, SURFACE	
6 1/4"	4 1/2" K-55	1765'	361.7 CF, 106' BY CEL	
	2 3/8" K-55	1619'	NONE	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cog. Pressure
		11/25/94	193 HOURS	401	399
Choke Size	Oil	Test Method			
1/2"		NF-SHUT IN TEST ONLY	F		

" I hereby certify that the rules 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: *Kenneth E. Roddy*

Printed name: KENNETH E. RODDY

Title: PRESIDENT

Date: 12/05/94

Phone: 505-325-5750

OIL CONSERVATION DIVISION	
Approved by: <i>378</i>	Title: SUPERVISOR DISTRICT #3
Approval Date: DEC - 5 1994	

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

Previous Operator Signature	Printed Name	Title	Date
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22. The ULSM location of the POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
23. The POD number of the storage from which water is moved from the property. If this is a new well or recompletion and the POD has no number the district office will assign a number and write it here.
24. The ULSM location of the 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. M/D/A/Y/R drilling commenced
26. M/D/A/Y/R the completion was ready to produce
27. Total vertical depth of the well
28. Plugback vertical depth
29. Top and bottom perforation in the completion or casing shoe and TD if openhole
30. Inside diameter of the well bore
31. Outside diameter of the casing and tubing
32. Depth of casing and tubing. If a casing liner show top and bottom.
33. Number of sacks of cement used per casing string
34. M/D/A/Y/R that new oil was first produced
35. M/D/A/Y/R that gas was first produced into a pipeline
36. M/D/A/Y/R that the following test was completed
37. Length in hours of the test
38. Flowing tubing pressure - oil wells
39. Shut-in tubing pressure - gas wells
40. Flowing casing pressure - oil wells
41. Shut-in casing pressure - gas wells
42. Diameter of the choke used in the test
43. Barrels of oil produced during the test
44. Barrels of water produced during the test
45. MCF of gas produced during the test
46. Gas well calculated absolute open flow in MCF/D
47. The signature, printed name, and title of the person authorized to make the report, the date the report was signed, and the telephone number to call for questions about the report
48. The signature, printed name, and title of the person authorized to verify that the previous operator no longer operated this completion, and the date the report was signed by that person
1. Operator's name and address
2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
3. Reason for filling code from the following table:
 NW New Well
 RC Recompletion
 CH Change of Operator
 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)
4. The API number of the well
5. The name of the pool for the completion
6. The pool code for the pool
7. The property code for the completion
8. The property name (well name) for the completion
9. The well number for this completion
10. The surface location of the completion NOTE: If the United States government survey designates a Lot Number for the location use that number in the "UL or lot no." box. Otherwise use the OCD unit letter.
11. The bottom hole location of the completion
12. Lease code from the following table:
 F Federal
 S State
 J Jicarilla
 N Navajo
 U Ute Mountain Ute
 I Other Indian Tribe
13. The producing method code from the following table:
 F Flowing
 P Pumping or other artificial lift
14. M/D/A/Y/R that the completion was first connected to a gas transporter
15. The permit number from the District approved C-129 for this completion
16. M/D/A/Y/R of the C-129 approval for this completion
17. M/D/A/Y/R of the expiration of C-129 approval for this completion
18. The gas or oil transporter's OGRID number
19. Name and address of the transporter of the product
20. The number assigned to the POD from which the 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.
21. Product code from the following table:
 O Oil
 G Gas

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