

District I
 PO Box 1900, Hobbs, NM 88241-1900
 District II
 PO Drawer DD, Artesia, NM 88211-0719
 District III
 1000 Rio Brans 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
 Spud Date

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Chesapeake Operating, Inc. P. O. Box 18496 Oklahoma City, OK 73154-0496		OGRID Number 147179
		Reason for Filing Code NW
API Number 30 - 0 25-33776	Pool Name N.E. Shoe Bar-Strawn	Pool Code 96649
Property Code 20074	Property Name BUS BARN 4	Well Number 1Y

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West line	County
T	4	16S	36E		2190	South	870	West	LEA

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
M	4	16S	36E		2980	South	797	West	LEA

Lee Code P	Producing Method Code	Gas Connection Date 9-19-97	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
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III. Oil and Gas Transporters

" Transporter OGRID	" Transporter Name and Address	" POD	" O/G	" POD ULSTR Location and Description
138648	Amoco Pipeline ICP 502 Northwest Avenue Levelland, TX 79336	2819780	0	Sec 4, 16S-36E 2190' fsl & 870' fwl Lea Co., NM
024650	Warren Petroleum Co., LTD Partnership P. O. Box 1689 Lovington, NM 88260	2819781	G	Same

IV. Produced Water

" POD	" POD ULSTR Location and Description
2819782	

V. Well Completion Data

" Spud Date	" Ready Date	" TD	" PSTD	" Perforations
01-01-97	09-17-97	12,284'	-	Open Hole
" Hole Size	" Casing & Tubing Size	" Depth Set	" Sacks Cement	
17-1/2"	13-3/8"	448'	500	
11"	8-5/8"	4,200'	1500	
7-7/8"	5-1/2"	12,168'	1440	

VI. Well Test Data

" Date New Oil	" Gas Delivery Date	" Test Date	" Test Length	" Tbg. Pressure	" Csg. Pressure
9-17-97	9-19-97	9-17-97	24 hrs	375#	0
" Choke Size	" Oil	" Water	" Gas	" AOF	" Test Method
20/64"	211	8	391	NA	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: *Barbara J. Bale*

Printed name: Barbara J. Bale

Title: Regulatory Analyst

Date: 02/10/98

Phone: (405)848-8000

OIL CONSERVATION DIVISION
 ORIGINAL SIGNED BY CHRIS WILLIAMS
 DISTRICT I SUPERVISOR

Approved by:

Title:

Approval Date:

" 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

5
✓

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED

AMENDED REPORT AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 80°.

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 filled for each pool in a multiple completion.

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

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.

Reason for filling code from the following table:

Operator's OGRID number, well number, transporter, or other such changes.

Request for allowable for test allowable (if requested)

RT Request for test allowable (if requested)

CG Change gas transporter

AG Add gas transporter

CO Change oil/condensate transporter

AO Add oil/condensate transporter

CH Change of Operator

RC Recompletion

NW New Well

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Product code from the following table:

O Oil

OG Gas

21. The number assigned to the POD from which this product will be transported by the transporter. If this is a new well office will assign a number and write it here.

20. Name and address of the transporter of the product

19. The gas or oil transporter's OGRID number

18. Completion

17. M/D/A/R of the expiration of C-129 approval for this completion

16. M/D/A/R of the C-129 approval for this completion

15. The permit number from the District approved C-129 for this completion

14. M/D/A/R that this completion was first connected to a gas transporter

13. The producing method code from the following table:

P Pumping or other artificial lift

F Flowing

I Other Indian Tribe

U Ute Mountain Ute

N Navajo

J Jicarilla

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 signed by that person

46. 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

45. The method used to test the well:

F Flowing

P Pumping

S Swabbing

I If other method please write it in:

44. Gas well calculated absolute open flow in MCF/D

43. MCF of gas produced during the test

42. Barrels of water produced during the test

41. Barrels of oil produced during the test

40. Diameter of the choke used in the test

39. Flowing casing pressure - oil wells

38. Shut-in casing pressure - oil wells

37. Length in hours of the test

36. M/D/A/R that the following test was completed

35. M/D/A/R that gas was first produced into a pipeline

34. M/D/A/R that new oil was first produced

33. 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.

32. Number of sacks of cement used per casing string

31. Depth of casing and tubing. If a casing liner show top and bottom.

30. Outside diameter of the casing and tubing

29. Inside diameter of the well bore

28. Top and bottom perforation in the completion or casing shoe and TD if openhole

27. Plugback vertical depth

26. Total vertical depth of the well

25. M/D/A/R this completion was ready to produce

24. M/D/A/R drilling commenced

23. The USTR 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.)

22. The USTR 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.)

21. The POD number of the storage from which water is moved from the property. If this is a new well or recompletion and a tabulation of the deviation tests conducted in accordance with Rule 111.

20. 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.

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

18. 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.

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

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

15. Operator's name and address

14. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.

13. Reason for filling code from the following table:

Operator's OGRID number, well number, transporter, or other such changes.

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