

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
70 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

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
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.		Reason for Filing Code NW
API Number 30 - 0 25-34421	Pool Name N.E. Lovington-Penn	Pool Code 40760
Property Code 23389	Property Name WAREHOUSE 10	Well Number 1

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West line	County
B	10	16S	36E		1172'	North	2445	East	LEA

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
<i>B/E</i>	10	16S	36E		<i>1438</i>	North	<i>3470</i> 1856	<i>West E</i>	LEA
Lea Code P	Producing Method Code F	Gas Connection Date 10/20/98	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
138648	Amoco Pipeline ICP 502 Northwest Avenue Levelland, TX 79336	2822185	0	Sec 10, 16S-36E 1172' fnl & 2445' fel Lea Co., NM
9171	GPM Gas Corp. 4044 Penbrook Odessa, TX 79762	2822186	G	Same

IV. Produced Water

POD	POD ULSTR Location and Description
2822187	

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
07/27/98	10/20/98	11,860'	11,805'	11724-11734'
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	
17-1/2"	13-3/8" #48	487'	495	
12-1/4"	9-5/8" #40	4,286'	1490	
7-7/8"	5-1/2" #17	11,860'	534 1st stg	
			884 2nd stg	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cog. Pressure
10/20/98	10/20/98	10/20/98	24 hrs	625	0
Choke Size	Oil	Water	Gas	AOF	Test Method
18/64	404	6	630	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: 10/23/98

Phone: (405)848-8000

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR.

Approval Date: NOV 02 1998

* 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

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

22. The ULSTR 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. 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.
24. All sections of this form must be filled out for allowable requests on new and recompleted wells.
25. 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.
26. MO/D/A/R drilling commenced
27. MO/D/A/R this completion was ready to produce
28. Total vertical depth of the well
29. Plugback vertical depth
30. Top and bottom perforation in the completion or casing shoe and TD if openhole
31. Operator's name and address
32. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
33. 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)
 If for any other reason write that reason in the box.
34. The API number of the well
35. The name of the pool for the completion
36. The pool code for the pool
37. The property code for the completion
38. The property name (well name) for this completion
39. The well number for this completion
40. The surface location of the 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.
41. The bottom hole location of this completion
42. Lease code from the following table:
 F Federal
 S State
 P Faa
 J Jcarilla
 N Navajo
 U Ute Mountain Ute
 I Other Indian Tribe
43. The producing method code from the following table:
 P Pumping or other artificial lift
 F Flowing
44. MO/D/A/R that this completion was first connected to a gas transporter
45. The permit number from the District approved C-129 for this completion
46. MO/D/A/R of the C-129 approval for this completion
47. MO/D/A/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 this product will be transported by the transporter. 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.
21. Product code from the following table:
 G Gas
 O Oil

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

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

The method used to test the well:
 F Flowing
 P Pumping
 S Swabbing
 If other method please write it in.

Gas well calculated absolute open flow in MCF/D

MCF of gas produced during the test

Barrels of water produced during the test

Barrels of oil produced during the test

Diameter of the choke used in the test

Flowing casing pressure - oil wells

Shut-in casing pressure - gas wells

Flowing tubing pressure - oil wells

Shut-in tubing pressure - gas wells

Length in hours of the test

MO/D/A/R that the following test was completed

MO/D/A/R that gas was first produced into a pipeline

MO/D/A/R that new oil was first produced

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

Number of sacks of cement used per casing string

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

Outside diameter of the casing and tubing

Inside diameter of the well bore

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

Plugback vertical depth

Total vertical depth of the well

MO/D/A/R this completion was ready to produce

MO/D/A/R drilling commenced

The ULSTR 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.)

The ULSTR 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.)

The POD number of the storage from which water is moved from this 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.

The ULSTR 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.)

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