

District I  
 PO Box 1900, Hobbs, NM 88241-1900  
 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 <b>I &amp; W Inc.</b>		OGRID Number <b>10877 10866</b>
P.O. Box 939 Lovington NM 88260 ✓		Reason for Filing Code <b>337 BBL'S SKIM OIL SALES</b>
API Number <b>30-025-03850</b>	Pool Name <b>Abco FORMATION (SUDD)</b>	Pool Code <b>96091</b>
Property Code <b>15694 18250</b>	Property Name <b>L.C. STATE</b>	Well Number <b>#2</b>

II. <sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West line	County
F	2	17	36		1650'	NORTH	2310'	WEST	LEA

<sup>11</sup> 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
F	2	17	36		1650'	NORTH	2310'	WEST	LEA

<sup>12</sup> Lee Code <b>S</b>	<sup>13</sup> Producing Method Code <b>DISPOSAL</b>	<sup>14</sup> Gas Connection Date	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date
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III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description
15694	NAVAJO Refining P.O. Box 159 ARTESIA NM 88210	2808518	0	

IV. Produced Water

<sup>23</sup> POD	<sup>24</sup> POD ULSTR Location and Description
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V. Well Completion Data

<sup>25</sup> Spud Date	<sup>26</sup> Ready Date	<sup>27</sup> TD	<sup>28</sup> PSTD	<sup>29</sup> Perforations
<sup>30</sup> Hole Size	<sup>31</sup> Casing & Tubing Size	<sup>32</sup> Depth Set	<sup>33</sup> Sacks Cement	

VI. Well Test Data

<sup>34</sup> Date New Oil	<sup>35</sup> Gas Delivery Date	<sup>36</sup> Test Date	<sup>37</sup> Test Length	<sup>38</sup> Tbg. Pressure	<sup>39</sup> Csg. Pressure
<sup>40</sup> Choke Size	<sup>41</sup> Oil	<sup>42</sup> Water	<sup>43</sup> Gas	<sup>44</sup> AOF	<sup>45</sup> Test Method

" 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: *George Parchman*  
 Printed name: **GEORGE PARCHMAN**  
 Title: **Mgr.**  
 Date: **9/26** Phone: **396-3331**

OIL CONSERVATION DIVISION  
 APPROVED BY: *[Signature]*  
 Title: **MANAGER**  
 Approval Date: **OCT 6 1991**

" 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 USTFI 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.)
23. 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.
24. The USTRA 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 this 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. 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.
35. M/D/A/Y/R that new oil was first produced
36. M/D/A/Y/R that gas was first produced into a pipeline
37. Length in hours of the test
38. Flowing tubing pressure - oil wells
39. Shut-in tubing pressure - oil 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. Lease code from the following table:  
F Federal  
S State  
J Jicarilla  
N Navajo  
U Ute Mountain Ute  
I Other Indian Tribe
48. The producing method code from the following table:  
P Pumping or other artificial lift  
F Flowing
49. M/D/A/Y/R that this completion was first connected to a gas transporter
50. The permit number from the District approved C-129 for this completion
51. M/D/A/Y/R of the C-129 approval for this completion
52. M/D/A/Y/R of the expiration of C-129 approval for this completion
53. The gas or oil transporter's OGRID number
54. Name and address of the transporter of the product
55. 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.
56. 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 the report was signed by that person

The signature, printed name, and title of the person authorized to make this report, the date the 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.

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.

The well number for this completion

The property name (well name) for this completion

The pool code for the pool

The name of the pool for this completion

The API number of this well

If for any other reason write that reason in this box.

Request for test allowable (include volume requested)

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)

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

Operator's name and address

Operator's name and address