

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

District II

PO Drawer DD, Artesia, NM 88211-0719

District III

1000 Rio Brazos Rd., Amec, NM 87410

District IV

PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

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

Form C-10
Revised February 10, 1995
Instructions on back
Submit to Appropriate District Office
5 Copies

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

| | | |
|---|---|---------------------------------------|
| Operator name and Address Amoco Production Company Attn: Tom G. Tullos (17.166) P. O. Box 4891 Houston, Texas 77210 | | OGRID Number 00778 |
| | | Reason for Filing Code CO 08/01/96 |
| API Number 30 - 0 25 - 26317 | Pool Name Blinebry Oil and Gas (Oil) | Pool Code 6660 |
| Property Code 1117 | Property Name State "E" Tract 27 | Well Number 1 |

II. Surface Location

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South Line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| N | 18 | 21-S | 37-E | | 430 | South | 1980 | West | Lea |

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 |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| N | 18 | 21-S | 37-E | | 430 | South | 1980 | West | Lea |

| Lea Code | Producing Method Code | Gas Connection Date | C-129 Permit Number | C-129 Effective Date | C-129 Expiration Date |
|----------|-----------------------|---------------------|---------------------|----------------------|-----------------------|
| S | P | | | | |

III. Oil and Gas Transporters

| Transporter OGRID | Transporter Name and Address | POD | O/G | POD ULSTR Location and Description |
|-------------------|--|--------|-----|------------------------------------|
| 138648 | Amoco Pipeline Intercorporate Trucking 502 N. West Avenue Levelland, TX 79336 | 440610 | Ø | |
| | | | | |
| | | | | |
| | | | | |

IV. Produced Water

| POD | POD ULSTR Location and Description |
|-----|------------------------------------|
| | |

V. Well Completion Data

| Spud Date | Ready Date | TD | PBTD | Perforations |
|-----------|----------------------|-----------|--------------|--------------|
| Hole Size | Casing & Tubing Size | Depth Set | Secks Cement | |
| | | | | |
| | | | | |
| | | | | |

VI. Well Test Data

| Date New Oil | Gas Delivery Date | Test Date | Test Length | Tbg. Pressure | Csg. Pressure |
|--------------|-------------------|-----------|-------------|---------------|---------------|
| Choke Size | Oil | Water | Gas | AOF | 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:

Tom G. Tullos

Printed name:

Senior Business Analyst

Title:

Date: August 01, 1996

Phone: (713) 366 - 7337

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY JULY SEXTON
DISTRICT SUPERVISOR

Title:

Approval Date:

AUG 16 1996

" 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

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 any 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
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 filing 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 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
7. The property code for this completion
8. The property name (well name) for this completion
9. The well number for this completion
10. 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 QCD unit letter.
11. The bottom hole location of this completion
12. Lease code from the following table:

| | |
|---|--------------------|
| F | Federal |
| S | State |
| P | Fee |
| J | Jacarta |
| 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. MO/DA/YR that this completion was first connected to a gas transporter
15. The permit number from the District approved C-129 for this completion
16. MO/DA/YR of the C-129 approval for this completion
17. MO/DA/YR 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 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 |

22. The ULSTR location of this POD if it is different from well completion location and a short description of the (Example: "Battery A", "Jones CPD", etc.)

23. The POD number of the storage from which water is run from this property. If this is a new well or recompletion this POD has no number the district office will assign number and write it here.

24. The ULSTR location of this POD if it is different from well completion location and a short description of the (Example: "Battery A Water Tank", "Jones CPD V Tank", etc.)

25. MO/DA/YR drilling commenced

26. MO/DA/YR this completion was ready to produce

27. Total vertical depth of the well

28. Plugback vertical depth

29. Top and bottom perforation in this completion or c snos 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 to bottom.

33. Number of sacks of cement used per casing string

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

34. MO/DA/YR that new oil was first produced

35. MO/DA/YR that gas was first produced into a pipe

36. MO/DA/YR that the following test was completed

37. Length in hours of the test

38. Flowing tubing pressure - oil wells
Shut-in tubing pressure - gas wells

39. Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells

40. Diameter of the choke used in the test

41. Barrels of oil produced during the test

42. Barrels of water produced during the test

43. MCF of gas produced during the test

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

45. The method used to test the well:

| | |
|---|----------|
| F | Flowing |
| P | Pumping |
| S | Swabbing |

If other method please write it in.

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