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

State of New Mexico

Form C-104 Revised February 10, 1994

PO Drawer DD, Artesia, NM 88211-0719

Previous Operator Signature

5 Copies

Date

OIL CONSERVATION DIVISION Instructions on back District III Submit to Appropriate District Office 1000 Rio Brazos Rd., Aziec, NM 87410 PO Box 2088 Santa Fe, NM 87504-2088 District IV PO Box 2088, Santa Fe, NM 87504-2088 ☐ AMENDED REPORT REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address OGRID Number Chi Operating, Inc. 004378 P.O. Box 1799 Midland, Texas Reason for Filing Code 79702 RT-2000 bbls. <sup>4</sup> API Number Pool Name 30 - 015-28038 Old Millman Ranch Bone Spring Pool Code C Assoc 48035 **Property Code** 1 Property Name ' Well Number Winchester Federal <sup>10</sup> Surface Location II. Ul or lot no. Section Township Range Lot.ldn Feet from the North/South Line Feet from the East/West line County 3 205 28E 1980 North 2130 West 11 Bottom Hole Location Eddy UL or lot no. Section Township Range Lot Ida Feet from the North/South line Feet from the East/West line County 12 Lee Code | 12 Producing Method Code 14 Gas Connection Date 16 C-129 Permit Number " C-129 Effective Date 17 C-129 Expiration Date Oil and Gas Transporters and Description Transporter OGRID 1º Transporter Name and Address " POD 21 O/G 015694 Navajo 739110 JUL 3 1 1995 Artesia, NM 009171 GPM Gas Corp P.O. Box 5050 DIST. 2 Bartesville. Produced Water " POD <sup>14</sup> POD ULSTR Location and Description 10/11 Well Completion Data Spud Date " Ready Date " TD " PBTD 27 Perforations " Hole Size 31 Casing & Tubing Size 12 Depth Set <sup>15</sup> Sacks Cement VI. Well Test Data M Date New Oil M Gas Delivery Date M Test Date " Test Length M Tbg. Pressure " Cag. Pressure " Choke Size 4 Oil d Gas 4 Water " 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 OIL CONSERVATION DIVISION knowledge and belief. Signature: Approved by: ORIGINAL SIGNED BY TIM W. GUM Printed name: DISTRICT II SUPERVISOR John W. Qualls Title: Title: <u>Geologist</u> Approval Date: AUG 1 1995 Date 7-27-95 Phone: 915-685-5001 of If this is a change of operator fill in the OGRID number and name of the previous operator

Printed Name

## New Mexico Oil Conservation Division C-104 Instructions

## IF THIS IS AN AMENDED REPORT. CHECK THE BOX LABLED "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 despend 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 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
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.

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
- R The pool code for this pool
- The property code for this completion
- 8. The property name (well name) for this completion
- The well number for this completion 9.
- 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. 10.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:

Federal State SP

Fee

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Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table:

  F Flowing
  Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a 14.
- 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
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- 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. 20.

<u>"</u>

Product code from the following table:
O Oil
G Gas 21.

- T: e ULSTR 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.)
- 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. 23.
- The ULSTR 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.) 24.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 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 cament used per casing string

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.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed 38
- 37. Length in hours of the test
- 38. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 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: Flowing

P Pumping S Swabbing If other method please write it in.

- 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 46.
- 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 eigned by that person 47.