

District I
 PO Box 1980, Hobbs, NM 88241-1980
 District II
 311 South First, Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

Form C-104
 Revised October 18, 1994
 Instructions on back
 Submit to Appropriate District Office
 5 Copies

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address BUS RX, INC. P O Box 35938 Tucson, Arizona 85740-5938		OGRID Number 003166
Reason for Filing Code		
API Number 30-039-23046	Pool Name E PUERTO CHIQUITO MANCOS	Pool Code 50430
Property Code 002402	Property Name CIDO	Well Number 2

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
A	16	25N	01E		475	North	990	East	Rio Arriba

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
A	16	25N	01E		475	North	990	East	Rio Arriba
Lee Code F	Producing Method Code P	Gas Connection Date NO GAS	C-129 Permit Number NO GAS	C-129 Effective Date NO GAS	C-129 Expiration Date NO GAS				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
009018	GIANT REFINERY	650410	0	

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IV. Produced Water

POD	POD ULSTR Location and Description
650450	

OIL CON. DIV
 DATE: 9

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations	DHC, DC, MC DC
5/30/83	6/15/83	2875 Feet	183 Feet	41 Feet	DC
Hole size	Casing & Tubing Size	Depth Set	Sacks Cement		
9-7/8"	7" Casing	1825'	396		
	6-1/2" Diameter Hole	1825 Feet to 2875 Feet			
	2-7/8" Tubing N80	1760 Feet to 932 Feet			
	4" Casing N80				

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cap. Pressure
9/25/95	NO GAS	NO TEST	0	0	350 P.S.I.
Choke Size	Oil	Water	Gas	AOP	Test Method
NONE	140 Barrels	NONE	0	0	S

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 Kalaf*
 Printed name: George Kalaf
 Title: Vice President
 Date: 9/26/95 Phone: (520) 623-2211

OIL CONSERVATION DIVISION
 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

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980
DISTRICT II
P.O. Drawer DD, Artesia, NM 88211-0719
DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-126
Revised 4-1-91

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Submit 4 copies to appropriate
district office

PERMIT TO TRANSPORT RECOVERED LOAD OIL

(NOTE: Required only when load oil was obtained from source other than lease on which used.)

(See Rule 508, 1104, and 1126)

RECOVERED LOAD OIL

OPERATOR BUS RX, INC.		ADDRESS P O Box 35938 Tucson, AZ. 85740-5938	
LEASE NAME CIDO	WELL NO. 2	POOL PUERTO CHIQUITO MANCOS EAST	COUNTY RIO ARRIBA
LOCATION Sec 16, Twn 25N, Rge 1E		TRANSPORTER GIANT REFINERY	

BBLs, LOAD OIL RECOVERED

140

RECEIVED
OCT - 4 1995

SOURCE OF LOAD OIL

PURCHASED OIL

BARRELS PURCHASED None	DATE PURCHASED
PURCHASED FROM None	ADDRESS

BARRELS PURCHASED None	DATE PURCHASED
PURCHASED FROM None	ADDRESS

OIL TRANSFERRED FROM ANOTHER LEASE OR POOL

BARRELS TRANSFERRED None	POOL FROM WHICH TRANSFERRED	LEASE FROM WHICH TRANSFERRED
DATE OF LETTER OF NOTIFICATION OF TRANSFER IN COMPLIANCE WITH RULE 1104 (F)		

BARRELS TRANSFERRED None	POOL FROM WHICH TRANSFERRED	LEASE FROM WHICH TRANSFERRED
DATE OF LETTER OF NOTIFICATION OF TRANSFER IN COMPLIANCE WITH RULE 1104 (F)		

BARRELS TRANSFERRED None	POOL FROM WHICH TRANSFERRED	LEASE FROM WHICH TRANSFERRED
DATE OF LETTER OF NOTIFICATION OF TRANSFER IN COMPLIANCE WITH RULE 1104 (F)		

OPERATOR: I hereby certify the information above is true and complete to

Signature: ABE M. KALAF
best of my knowledge and belief

Printed Name: ABE M. KALAF, PRESIDENT

& Title

Date: Sept. 29th 1995 Telephone No. (520) 623-2211

OIL CONSERVATION DIVISION

Approved by: _____

Title: _____

Date: _____

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Submit 2 copies to Appropriate District Office.
DISTRICT I
P.O. Box 19840, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
3000 Rio Brazos Rd., Aztec, NM 87410

GAS - OIL RATIO TEST

Operator BUS RX, INC.		Pool PUERTO CHIQUITO MANCOS EAST		County RIO ARRIBA								
Address P O Box 35938 Tucson, AZ. 85740-5938		TYPE OF TEST - (X)		Completion								
LEASE NAME CIDO	WELL NO. 2	LOCATION		DATE OF TEST 9/25/95	CHOKE SIZE None	TBG. PRESS. 0	DAILY ALLOW-ABLE 5	LENGTH OF TEST HOURS 32	PROD. DURING TEST			GAS - OIL RATIO CU.FT/BBL.
		U A	S 16						T 25N	R 1E	WATER BBLS. 0	
						SCHEDULED <input type="checkbox"/>		SPECIAL <input type="checkbox"/>				

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OIL CON. DIV.
DIST. 3

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

Abe M. Kalaf
Signature
Abe M. Kalaf, President
Printed name and title

9/29/95
Date (520) 623-2211
Telephone No.

Instructions:

During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Division.

Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F. Specific gravity base will be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

(See Rule 301, Rule 1116 & appropriate pool rules.)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
NM 13771

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
CIDO #2

9. API Well No.
30-039-23046

10. Field and Pool, or Exploratory Area
East Puerto Chiquito

11. County or Parish, State
Rio Arriba, NM

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
BUS RX, INC.

3. Address and Telephone No.
P O Box 35938 Tucson, Arizona 85740-5938 (520) 623-2211

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
475' FNL, 990' FEL Sec 16, T25N, R1E

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change of Plans
	<input checked="" type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

9/17/95 SEATING NIPPLE @ 2525' TOTAL TUBING 2560'	Number of Swab Runs Total 15 Runs	Total Hours First Day 4 Hours	Total Fluid Swabed 90 BBLS.	Beginning Fluid Level Surface	Runs Per Hr. Average 5 Hours	Ending Fluid Level 2400'
9/18/95 SEATING NIPPLE @ 2554' TOTAL TUBING 2589'	Number of Swab Runs Total 10 Runs	Total Hours Second Day 2 Hours	Total Fluid Swabed 25 BBLS.	Beginning Fluid Level 1800'	Runs Per Hr. Average 5 Hours	Ending Fluid Level dry tubing
1/25/95 SEATING NIPPLE @ 2584' TOTAL TUBING 2619'	Number of Swab Runs Total 4 Runs	Total Hours Third Day 2 Hours	Total Fluid Swabed 25 BBLS.	Beginning Fluid Level 2000'	Runs Per Hr. Average 2 Hours	Ending Fluid Level dry tubing

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DIST. 3

14. I hereby certify that the foregoing is true and correct

Signed Abe M. Kalaf Title President Date 10/2/95

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any.

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.