

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

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

Form C-104
Revised February 10, 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 Apache Corporation 2000 Post Oak Blvd. #100 Houston TX 77056-4400		OGRID Number 000873
		Reason for Filing Code CH - 03/01/97
API Number 30 - 0 25-20630	Pool Name Flying M San Andres	Pool Code 024620
Property Code 002869 20690	Property Name Flying M SA Unit	Well Number 8-1

II. Surface Location

UL or lot no. N	Section 16	Township 9S	Range 33E	Lot Ida	Feet from the 659	North/South Line South	Feet from the 1996	East/West line West	County Lea
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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
Lee Code S	Producing Method Code I	Gas Connection Date unknown	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
024650	Warren Petroleum P.O. Box 4777 Houston TX 77210-4777	0753830	G	A-29-09S-33E Battery
015126	Mobil Prod. TX & NM Inc. Box 219031 Dallas TX 75221	0753810	O	SAME AS ABOVE

IV. Produced Water

POD 0753850	POD ULSTR Location and Description A-29-09S-33E Battery
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks 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: <i>Deborah Moore</i> Printed name: Deborah Moore Title: Regulatory Analyst Date: 02/20/97 Phone: (713) 877-7590		OIL CONSERVATION DIVISION Approved by: ORIGINAL SIGNED BY JUDITH MOORE Title: DISTRICT ENGINEER Approval Date: 02/27/97	
If this is a change of operator fill in the OGRID number and name of the previous operator Coastal Oil & Gas Corporation 004762 Previous Operator Signature: <i>B.P. McCarley</i> Printed Name: B.P. McCarley Title: Sr. V.P. Production Date: 2/21/97			

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OIL CONSERVATION DIVISION

P.O. Box 2088
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WELL API NO. 30-025-20807
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM 05812
7. Lease Name or Unit Agreement Name Flying "M" Unit Tract 8
8. Well No. 1
9. Pool name or Wildcat Flying "M" (SA)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4374 (Gr)

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WIW	
2. Name of Operator Coastal Oil & Gas Corporation	
3. Address of Operator P. O. Box 235, Midland, Texas 79702	
4. Well Location Unit Letter <u>N</u> : <u>1995.8</u> Feet From The <u>West</u> Line and <u>659</u> Feet From The <u>South</u> Line Section <u>16</u> Township <u>9-S</u> Range <u>33-E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4374 (Gr)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

NOTE: Rigged up to pull tubing and found fill over some of the perfs. Cleaned well out and acidized while rigged up.

1. POOH with tbq and packer.
2. PU 3-7/8" bit and workstring. GIH, tag fill at 4356', cleaned well out to 4582'. Circ. well clean and POOH.
3. GIH with packer on workstring. Acidized perfs with 2750 gal 20% NEFE at 3 BPM and 1700#.
4. Swabbed back load, POOH with packer.
5. GIH with injection tbq and pkr. Set packer at 4356'. Press csg to 500# for 21 min., OK. RD and release unit.

Work completed on 6-24-91.

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

SIGNATURE Bobby L. Smith TITLE Area Superintendent DATE 6-25-91
TYPE OR PRINT NAME Bobby L. Smith TELEPHONE NO. 915 682-792

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: