District I

1625 N. French Dr., Hobbs, NM 88240

District II

811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

## State of New Mexico .nergy, Minerals & Natural Resources Department

Revised March 25, 1999
Instructions on back
Submit to Appropriate District Office
5 Copies

## OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe. NM 87505

☐ AMENDED REPORT

2040 South Pach	ieco, Santa Fe Rl	, nm 87505 EOUEST F	FOR AL	LOWABL	E AND	AUT]	HORIZA	TIOI	N TO TRAN	ISPORT			
									<sup>2</sup> OGRID Number				
Operator name and Address									163645				
JKM Energy, LLC $^{ u}$ 26 E. Compress Rd. Artesia, NM 882							<sup>3</sup> Reason for Filing Code						
	Z6 E.	Compres	s Rd. A	Artesia,		210 CH 04 effective 5-15-2000 Pool Name Pool Code							
<b>30-0</b> 15-			Red	Lake Que									
<sup>7</sup> Property Code <sup>8</sup> Pro										ľ	Well Number		
10	762		Muno	cy Federa	11	····				#2			
II. 10	Surface 1		I	T	In		North/Sout	h I ina	Feet from the	East/West line	County		
Ul or lot no.	Section	Township	Range	Lot.ldn	Feet from the		NORTH			WEST			
E 11.	/3	175	27E	<u> </u>	1180		TOURT	7_	660	WES/	FODY		
	Bottom I	Hole Locat	1011 Range	Lot Idn	Feet from t	he	North/Sout	th line	Feet from the	East/West line	County		
UL or lot no.	Section	I Ownship	Tange	2011411									
12 Lse Code	<sup>13</sup> Produci	ng Method Code	1 14 Gas	Connection Date	15 C-1	129 Perm	it Number		16 C-129 Effective	Date 17	C-129 Expiration Date		
III. Oi	l and Ga	s Transpor	terc										
11 Transporter			11 Transporter Name				D	<sup>21</sup> O/G	22 POD ULSTR Location				
OGRID		and Address					and Description				otion		
1569.1		N. P. C.			1.6	188	0						
										1181920	212		
5 /71		P 8 0							5	5 <sup>21</sup>	53/		
217/		SPM.				189 NOW 12 13 14 155 A			14/2	JUL 2000 1820 OCD - ARTESIA			
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IV. Pr	oduced	Water											
23	POD					<sup>24</sup> POD U	LSTR Locati	ion and I	Description				
V. W	ell Com	pletion Da	ta										
<sup>25</sup> Spu	ıd Date	<sup>26</sup> R	teady Date		<sup>27</sup> TD		<sup>28</sup> PBTD		<sup>29</sup> Perfor	ations	<sup>30</sup> DHC, MC		
31 Hole Size			32 Casing & Tub		ing Size		33 Depth S		et	34 (	Sacks Cement		
<del></del>						_							
VI. W	ell Test												
35 Date New Oil		<sup>36</sup> Gas De	<sup>36</sup> Gas Delivery Date <sup>37</sup> To		est Date		38 Test Length		<sup>39</sup> Tbg. Pressure		40 Csg. Pressure		
41 01 1 01		<sup>42</sup> Oil		43	43 Water		44 Gas		45 AOF		46 Test Method		
41 Choke Size			Oii W		Water		Gas		AUI		rest Method		
<sup>47</sup> I hereby cert	ify that the rule	es of the Oil Cons	ervation Divi	sion have been con	mplied with		O	IL CO	ONSERVA'	TION DIV	ISION		
and that the inf belief.	formation giver	above is true and	i complete to	the best of my kno	owledge and								
Signature:	<i>i</i>							Approved by TIM W. GUM					
Printed name:	IN IEM		www.			Title:	BISTA	CT II	SUPERVI <mark>SO</mark>	R			
Kenetta Matthews							Approval Date: AU6 - 2 2000						
Member									- 6 2	U <b>UU</b>			
<del>1</del>	3-2000 hange of oper	ator fill in the O		<u>748–2854                                    </u>	he previous of	perator							
Ko,	metta	Ma	tthe				364:	5			7-20-00		
	Previous	Operator Signat	ture			Pri	nted Name			Title	Date		

## 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 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 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
- 2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- Reason for filing code from the following table:

NW New Well RC

Recompletion CH

Change of Operator

A:O Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

Request for test allowable (Include volume requested) RT

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

- The API number of this well 4
- The name of the pool for this completion 5

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 OCD unit letter.
- 11. The bottom hole location of this completion
- 12 Lease code from the following table:

Federal F

S State

P Fee

Jicarilla J

N Navajo

U Ute Mountain Ute

Other Indian Tribe

The producing method code from the following table: 13.

Flowing

- Pumping or other artificial lift
- 14. MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this 15. 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
- 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:
  - 0 Oil
  - G Gas

- 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", "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.
- 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.)
- 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 casing shoe and TD if openhole
- Write in 'DHC' if this completion is downhole commingled with 30. another completion or 'MC' if there is more than one non-commingled completion in this well bore. Attach actual completed well bore diagram.
- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and bottom.
- 34 Number of sacks of cement 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.

- MO/DA/YR that new oil was first produced 35.
- 36. MO/DA/YR that gas was first produced into a pipeline
- 37. MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- 39. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- 40. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 46. The method used to test the well:

F Flowing Pumping

р

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
- 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 signed by that person