			-	-					~`		CISIT			
District I PO Box 1980, District II	Babba, NM	88241-1988				New Me		L <i>5</i> 7	CEIV		Form C-10 ed February 10, 1994 Instructions on bac			
PO Drawer Di District III	D, Artonia, N	IM 88211-87	I) (OIL CONSERVATION DIVISION UL 2 Sub District Office PO Box 2088										
1000 Rio Bras District IV	ee Rd., Aste		Santa Fe, NM 87504-2088 $OIL CON$. DM AMENDI											
PO Baz 2088,	Santa Fe, M	M 87504-208		FOR ALLOWABLE AND AUTHORIZATI										
I. 			Operator In	and and Ad	dress	<u>/////////////////////////////////////</u>				' OGRID N	iegeber			
20 1	I. Broa	dway, S	uite 150					6137 * Remon for Filing Code			Was Cash			
Okla	ahoma C.	73102-	73102-8260						ew well					
	API Nember	D - 1	' Peel Name Red Lake (Q-G-SA)						* Puel Cede 51300					
30 - 015-28286			Red	Lake	(Q-G-S	A) Property No					' Wel Number			
349	• •	Wes	West Red Lake Unit							49				
II. ¹⁰	the second s						rem the North/South Line			East/West	ine County			
Lot 15	4	185	27E		_	2310'	south	L	1750	west	Eddy			
		Hole Lo		1										
UL or lot no.	Section	Towashig	Range	Lot Ida	Fee	from the	North/Sou	ih ä nt	Fast from the	East/West I	ae Cessiy			
" Lee Code F		ng Mathed C		Consection -04-95		¹⁴ C-129 Perm	it Number		C-129 Effective I	Jate "	C-129 Expiration Date			
II. Oil a		Transpo	riers "Transporter I	Vane		# FO		" 0/G		POD ULST	Location			
OGRID			and Addres	and Address					and Description West Red Lake Unit					
				rgy Operating Ltd. (hip, POB 4666			0853510 O		Tank Battery					
Houston,			, TX 772 Services	10-466	6				Sec. B-7-18S-27E, Eddy Cnty West Red Lake Unit					
9171 4044 Penb		nbrook				0853530 G			Satellite Battery Sec. A-8-195-27E, Eddy Cnty,					
Odessa, 1		TX 7976	TX 79762											
n ta seconda de la composición de la co de la composición de la	Maria and Second and New York and							S. South						
							and a second				· · · · · · · · · · · · · · · · · · ·			
	iced Wa	iter						~						
- injecte	rod d					* POD UL	STR <u>Location</u>	and D	ncriptics					
/. Well (Complet	ion Data												
¹¹ Spud Date		•	* Ready Date -0495		" TD 2329 '		* PBTD 2272 '		1414	" Perforations -1424 "				
02-10-95 05-		" Casing & Tubing Size			2329 ²⁴ Depth Set		.272		1724-2180 '					
12 1/4"			8 5/8	8 5/8"			1248'			600 sx				
7 7/8"				5 1/2"			2329'			425 sx	Pot ID-2			
			2 7/8	3"			2175				8-18-95			
'I. Well'		ta	L						I		comp + BR			
Date No	 95		elivery Date		Test Date 07-95		Text Length 24 hrs		" Tog. Pro	wure	* Cag. Pressure			
" Cheke			0		Water		• Gee		" AOF		" Test Method			
1 he-mb			obls		bbls	1	MCFGD				pump			
vith and that the nowledge and b lignature:	information	sives above i	Conservation Dr s true and comp	vision have b lets to the be	eea compli st of my				SERVATIO					
rinted name: 1		Title:	Approved by: ORIGINAL SIGNED SY TIM W. GUM Title: DISTRICT II SUPERVISOR											
fitle: I		ttross, t Engin					Approval Date: AUG 1 0 1995							
Date: 07-25-95 /cg Phone:405/235-3611														
" If this is a change of operator fill in the OGRID number and name of the previous operator														
	Previous Of	perator Signa	lure			Printed	Name			Title	Date			

IF "A	THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED MENDED REPORT" AT THE TOP OF THIS DOCUMENT						
	port all gas volumes at 15.025 PSIA at 60°. port all oil volumes to the nearest whole barrel.						
acc	equest for allowable for a newly drilled or deepened well must be companied by a tabulation of the deviation tests conducted in cordance with Rule 111.						
All nev	sections of this form'must be filled out for allowable requests on v and recompleted wells.	i					
cha	out only sections I, II, III, IV, and the operator certifications for nges of operator, property name, well number, transporter, or ar such changes.	:					
A 6	separate C-104 must be filed for each pool in a multiple	2					
CON	pletion.	2					
impi opei	roperly filled out or incomplete forms may be returned to retors unapproved.	2					
1.	Operator's name and address	2					
2 .	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.	3					
3.	Reason for filing code from the following table:	3					
	NW New Well RC Recompletion	3					
	CH Change of Operator						
	AO Add oil/condensate transporter CO Change oil/condensate transporter	3					
•.	Add gas transporter	17					
	CG Change gas transporter RT Request for test allowable (include volume	CO					
		34					
	If for any other reason write that reason in this box.	35					
4.	The API number of this well						
5.	The name of the pool for this completion	36					
6.	The pool code for this pool	37					
7.	The property code for this completion	38					
8.	The property name (well name) for this completion						
9.	The well number for this completion	39					
10.	The surface location of state	40.					
	The surface location of this completion NOTE: If the United States government survey designates a Lot Number						
	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.	41.					
11.		42.					
12.	The bottom hole location of this completion	43.					
• ••••	Lease code from the following table: F Federal	44.					
	5 State						
		45.					
	N Nevejo						
	U Ute Mountain Litre						

ĭ

14.

- Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table: Flowing Pumping or other artificial lift Þ
- MO/DA/YR that this completion was first connected to a ges 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

- 18 The gas or oil transporter's OGRID numb 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. T: a 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 H it is different from the well completion location and a short description of the POD (Example: "Bettery 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
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- 33 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 4.
- MO/DA/YR that gas was first produced into a pipeline 6. 6.
- MO/DA/YR that the following test was completed 7.
- Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 8.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 9.
-). Diameter of the choke used in the test
- Barrois of oil produced during the test
- Barrels of water produced during the test
- MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D
- The method used to test the well:
 - - Flowing Pumping Swebbin
 - S Swabbing If other method plea ee 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 signed by that person

47.