

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

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State of New Mexico
Department of Energy, Minerals & Natural Resources

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

Submit to Appropriate District Office
5 Copies

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address ALTURA Energy Ltd. P.O. Box 4294 Houston, TX 77210-4294		OGRID Number 157984
Reason for Filing Code CH		MAR 01 1997
API Number 30-015-21765	Pool Name Indian Draw - Delaware	Pool Code 33720
Property Code 20607	Property Name Old Indian Draw Unit	Well Number 7

II. Surface Location

UL or lot no. F	Section 18	Township 22	Range 28	Lot Idn	Feet from the 2323	North/South Line N	Feet from the 1974	East/West line W	County EMERY
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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
F	P								
Log Code F	Producing Method Code P	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID 020445	Transporter Name and Address Scurlock Permian Corporation P. O. Box 4648 Hobbs, NM 88241	POD 405010	O/G φ	POD ULSTR Location and Description
		405030	G	

RECEIVED

MAR 06 1997

OIL CON. DIV.
DIST. 2

IV. Produced Water

POD 405050	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	PSTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	
			Post ID-3	
			2-28-97	
			chp	

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: Tom G. Tullos

Printed name: Tom G. Tullos

Title: Sr. Business Analyst

Date: MAR 01 1997

Phone: 713-366-7337

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNATURE OF SUPERVISOR

Title:

Approval Date:

MAR 21 1997

If this is a change of operator fill in the OGRID number and name of the previous operator

Amoco Production Company

OGRID No. 000778

Previous Operator Signature

Printed Name

Tom G. Tullos

Title

Sr. Business Analyst

Date

MAR 01 1997

IF THIS IS AN AMENDED REPORT CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSLA at 60".
Report all oil volumes to the nearest whole barrel.

A request for allowance for a newly drilled or deepened well must be substantiated 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 recommissioned 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.
3. 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
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 GCD unit letter.
11. The bottom hole location of this completion
12. Lease code from the following table:

F	Federal
S	State
P	Fee
J	Jeanita
N	Native
U	Ute Mountain Ute
I	Other Indian Tribe
13. The producing method code from the following table:

F	Flowing
P	Pumping or other artificial lift
14. MO/DA/YR that this completion was first connected to a gas 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 completion
18. The gas or oil transporter's OGRID number
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 recommission 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. The ULSR 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.)

23. The POD number of the storage from which water is run from this property. If this is a new well or recommission and this POD has no number the district office will assign number and write it here.

24. The ULSR location of this POD if it is different from 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 oil shoe and TD if openhole

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 bottom.

33. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a conducted only after the total volume of lead 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
36. MO/DA/YR that the following test was completed
37. Length in hours of the test
38. Flowing tubing pressure - oil wells
Shut-in tubing pressure - gas wells
39. Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells
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:

F	Flowing
P	Pumping
S	Swabbing

 If other method please write it in.
46. The signature, printed name, and title of the person authorized to make this report, the date this report signed, and the telephone number to call for questions about this report
47. 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 signed by that person