

District I  
 PO Box 1980, Hobbs, NM 88241-1980  
 District II  
 70 Drawer DD, Artesia, NM 88211-0719  
 District III  
 1800 Rio Bravo Rd., Aztec, NM 87410  
 District IV  
 PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
 Energy, Minerals & Natural Resources Department

Form C-10  
 Revised February 10, 1995  
 Instructions on back  
 Submit to Appropriate District Office  
 5 Copies

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

AMENDED REPORT

**I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

Operator name and Address Amoco Production Company Attn: Tom G. Tullos (17.166) P. O. Box 4891 Houston, Texas 77210		OGRID Number 00778
		Reason for Filing Code CO 08/01/96
API Number 30-025-06626	Pool Name Tubb Oil and Gas (Oil)	Pool Code 60240
Property Code 1110	Property Name State "C" Tract 12	Well Number 4

**II. <sup>10</sup> Surface Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
F	16	21-S	37-E		1980	North	3300	East	Lea

**<sup>11</sup> 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	16	21-S	37-E		1980	North	3300	East	Lea

<sup>12</sup> Lee Code S	<sup>13</sup> Producing Method Code P	<sup>14</sup> Gas Connection Date	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date

**III. Oil and Gas Transporters**

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> FOD	<sup>21</sup> O/G	<sup>22</sup> FOD ULSTR Location and Description
138648	Amoco Pipeline Intercorporate Trucking 502 N. West Avenue Loveland, TX 79336	42410	Ø	

**IV. Produced Water**

<sup>23</sup> FOD	<sup>24</sup> FOD ULSTR Location and Description

**V. Well Completion Data**

<sup>25</sup> Spud Date	<sup>26</sup> Ready Date	<sup>27</sup> TD	<sup>28</sup> FBTD	<sup>29</sup> Perforations

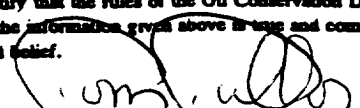
<sup>30</sup> Hole Size	<sup>31</sup> Casing & Tubing Size	<sup>32</sup> Depth Set	<sup>33</sup> Sacks Cement

**VI. Well Test Data**

<sup>34</sup> Date New Oil	<sup>35</sup> Gas Delivery Date	<sup>36</sup> Test Date	<sup>37</sup> Test Length	<sup>38</sup> Tbg. Pressure	<sup>39</sup> Csg. Pressure

<sup>40</sup> Choke Size	<sup>41</sup> Oil	<sup>42</sup> Water	<sup>43</sup> Gas	<sup>44</sup> AOF	<sup>45</sup> Test Method

<sup>46</sup> 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: 

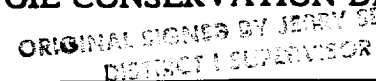
Printed name: Tom G. Tullos

Title: Senior Business Analyst

Date: August 01, 1996

Phone: (713) 366 - 7337

**OIL CONSERVATION DIVISION**  
 APPROVED BY JERRY SEXTON  
 DISTRICT I SUPERVISOR

Approved by: 

Title:

Approval Date: AUG 16 1996

<sup>47</sup> 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

*Handwritten initials*

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 PSIA at 60".  
Report all oil volumes to the nearest whole barrel.

A request for allowance 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 allowance requests on new and recompleted wells.

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

F	Federal
S	State
P	Fee
J	Jeanette
N	Nevada
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 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. The ULSTR location of this POD if it is different from the well completion location and a short description of the PC (Example: "Battery A", "Jones CPD", etc.)

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

24. The ULSTR location of this POD if it is different from well completion location and a short description of the PC (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)

25. MO/DA/YR drilling commenced

26. MO/DA/YR the 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

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 load 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 or transporter authorized to verify that the previous operator no longer operates this completion, and the date this report signed by that person



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 PO Box 1980, Hobbs, NM 88241-1980  
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 PO Drawer DD, Artesia, NM 88211-0719  
 District III  
 1600 Rio Brano Rd., Aztec, NM 87410  
 District IV  
 PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
 Energy, Minerals & Natural Resources Department

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AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Amoco Production Company Attn: Tom G. Tullos (17.166) P. O. Box 4891 Houston, Texas 77210		OGRID Number 00778
		Reason for Filing Code CO 08/01/96
API Number 30-025-06626	Pool Name Drinkard	Pool Code 019190
Property Code 1110	Property Name State "C" Tract 12	Well Number 4

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
F	16	21-S	37-E		1980	North	3300	East	Lea

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	16	21-S	37-E		1980	North	330	East	Lea

Lee Code S	Producing Method Code P	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
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III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	FOD	O/G	FOD ULSTR Location and Description
138648	Amoco Pipeline Intercorporate Trucking 502 N. West Avenue Levelland, TX 79336	42410	Ø	

IV. Produced Water

FOD	FOD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	FBTD	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	Cog. 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: Senior Business Analyst

Date: August 01, 1996

Phone: (713) 366 - 7337

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY JERRY SEXTON

Title:

Approval Date: AUG 16 1996

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

A request for allowable for a newly drilled or reopened 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 reopened wells.

Fill out any 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.

Incompletely filled out or incomplete forms may be returned to operators unapproved.

1. Operator's name and address
2. Operator's OQRID number. If you do not have one it will be assigned and filled in by the District office.
3. Reason for filing case 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 gas 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:  

F	Federal
S	State
P	Fee
J	Jacinta
N	Navajo
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 OQRID 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 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. 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.)
23. The POD number of the storage from which water is sent from this property. If this is a new well or recompletion and this POD has no number the district office will assign number and write it here.
24. The ULSTR 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 casing 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 load oil is recovered.

34. MO/DA/YR that new oil was first produced
35. MO/DA/YR that gas was first produced into a separator
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 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