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District : PO Box 1960, Ilobbe, District II	NM 88241+1980		Sta Earry, Mia	ate of N	New Me	XICO	n ca l		Revised	Form C-10 February 10 199		
No Drawer DD, Artala, NM #211-0719 OIL CONSER					ox 2088		ION	Revised February 10, 19 Instructions on ba Submit to Appropriate District Offi				
District IV	_		Santa	Fe, Ñ	M 8750	4-2088				5 Copi		
PO, Box 2063, Samle F I.	REOUES	I TEOR		א ייי זמ						ENDED REPOR		
		Operator	LLLU YY A	BLE A	ND AL	JTHOR	IZAT	ION TO T	ANSPOR	<u>r</u>		
Man P O	zano 0il Box 210	Corporat	ion					013954				
P.O. Box 2107 Roswell, NM 88202-2107								* Reason for Filling Code				
' API Number			* Pool Name						CO effective 1/1/99			
30-0 25-33466		North Lovington Wolfcamp						* Pool Code 96625				
' Property Code 18971		"SV" Chipshot						' Well Number				
II. <sup>10</sup> Surfa	ice Location				<u></u>	not			1			
Ut or lot BO. Social		Range 36E	Louida	Foot Iro		North/So			East/West line	County		
	m Hole Lo			2	164	54 South		1362	West	Lea		
UL or lot Bo. Socilo			Lot Ida	. Food fre	m the	North/So	uth line	Foot from the	East/West line	Coupty		
K 11 "Lue Code " Pro	16S	36E	· ·	The second se	164	Sou		1362	West	Lea		
P	F	1	Connection D.	iLe <sup>11</sup> (	C-129 Permi	t Number		C-129 Effective I		129 Expiration Date		
	as Transpor	rters	,	·			1		l			
"Transporter OGRID		Transporter and Addre			" POI	>	" 0/G		POD ULSTR Lo	cation		
138648	Amoco Pi 512 N. We	peline I	ntercorpo	orate	28177	36	0	K, Sec 11, T16S, R36E				
	Levelland	d, TX 7	9336						-, 1100, 1	(JOL		
9171	GPM Gas ( P.O. Box	Corporat	ion		28179	87 <sup>.</sup> .	G	K, Sec 1	1, T16S, F	36E		
	Bartlesvi	ille, OK	74005									
				28852	212 1 315 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A CANADA AND A CAN	A1 10 10 10 10					
V. Produced V	Water							·				
<sup>1</sup> POD				· <u> </u>	POD ULS	TR Locatio	n and De	scription	•			
. Well Compl	lation Data											
Spud Date	leuon Data	<sup>14</sup> Ready De	le l					" PBTD :				
								~ FB1D /		Perforations		
<sup>24</sup> llole Si	12	" Casing & Tubing Size			<sup>14</sup> Depth Set				<sup>14</sup> Sacka	Cement		
<u> </u>												
				·								
. Well Test D		ivery Data	H 77									
	Date New Oil Gas Delivery Date		"lest	H Test Date		" Test Leagth		" Tog. Pres	-Ure	Cag. Pressure		
" Choke Size " O		Water			<sup>44</sup> G <b>1</b>		" AOF		Test Method			
bereby certify that the	rules of the Oil C	on rervation Di	ision have been	complied (								
is and that the information of the second seco	oa givea sbove is	true and comp	ele to the best o	fmy		OIL	CON	SERVATIC	N DIVISIO	אכ		
	Eliza	therman	nds		Approved b	<b>y:</b> DFallathan	1. N	<u></u>	WILLIAMS			
Allison Hernandez					Tide: 0000 Hove DUPERVISOR							
Engineering Technician					Approval Date: OFC 1 5 1998							
			-	11								
<u>4: 12/11/98</u>		0GRID	<u>5) 623-19</u>	<u>996  </u>								
		OGRID BUE	5) 623-19	1 the previo	us operator							

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	New Mexico Oil Conservation Division C-104 Instructions					
IF THIS	IS AN AMENDED REPORT. CHECK THE BOX LABLED DED REPORT AT THE TOP OF THIS DOCUMENT	22.	The ULSTR location well completion location (Example: "Battery			
Report a	Il ges volumes at 15.025 PSIA at 60°. Il oil volumes to the nearest whole barrel. It for ellowable for a newly drilled or deepened well must be	23.	The POD number of from this property.			
accomp	snied by a tabulation of the deviation tests conducted in nos with Rule 111.	24.	number and write I The ULSTR locatio			
new and	one of this form must be filled out for allowable requests on I recompleted wells.		well completion loc (Example: "Battery Tank", etc.)			
changes	only sections I. II, III, IV, and the operator certifications for of operator, property name, well number, transporter, or	25.	MO/DA/YR drilling			
	ich changes.	26.	MO/DA/YR this co			
Complet	rate C-104 must be filed for each pool in a multiple ion.	27.	Total vertical dept			
	Improperly filled out or incomplete forms may be returned to		Plugback vertical o			
operato 1.	rs unapproved. Operator's name and address	29.	Top and bottom p shoe and TD If ope			
2.	Operator's OGRID number. If you do not have one it will	30.	Inside diameter of			
	be assigned and filled in by the District office. Reason for filing code from the following table:	31.	Outside diameter			
3.	NW men New Well RC Recompletion CH Change of Operator	32.	Depth of casing an bottom.			
	AO Add oil/condensats transporter CO Change oil/condensate transporter	33.	Number of sacks			
	AG Add gas transporter CG Change gas transporter RT Request for test allowable (Include volume		cted only after the to			
	requested) If for any other reason write that reason in this box.	34,	MO/DA/YR that n			
		35.	MO/DA/YR that g			
4.	The API number of this well	36.	MO/DA/YR that th			
5.	The name of the pool for this completion	37.	Length in hours of			
6. 7.	The pool code for this pool The property code for this completion	38.	Flowing tubing pr Shut-in tubing pre			
8.	The property name (well name) for this completion	39.	Flowing casing pr			
9.	The well number for this completion	. 40	Shut-in casing pre			
10.	The surface location of this completion NOTE: If the	40.	Diameter of the c			
	United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box.	41.	Barrele of oil prod			
	Otherwise use the OCD unit letter.	42.	Barrels of water ;			
11.	The bottom hole location of this completion	43.	MCF of gas produ			
12.	Lease code from the following table:	44.	Gas well calculate			
	F Federal S State P Fee J Jicarilla	45.	The method used F Flowing			
	N Navajo U Uta Mountain Uta		P Pumpin S Swabbi If other method p			
	I Other Indian Tribe	46.	The signature, p			
13.	The producing method code from the following table: F Flowing P Pumping or other artificial lift		authorized to ma signed, and the about this report			
14.	MO/DA/YR that this completion was first connected to a gas transporter	47.	The previous oper and title of th			
15.	The permit number from the District approved C-129 for this completion		authorized to ver operates this co signed by that pe			
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					

The gas or oil transporter's OGRID number 18.

Name and address of the transporter of the product 19.

- 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. 20.
- Product code from the following table: O Oil G Gas 21.

- on of this POD if it is different from the cation and a short description of the POD y A\*, "Jones CPD", etc.)
- of the storage from which water is moved . If this is a new well or recompletion and number the district office will assign a . It hare...
- on of this POD If it is different from the cation and a short description of the POD ry A. Water Tank\*, "Jones CPD Water
- g commenced
- ompletion was ready to produce
- th of the well
- depth
- perforation in this completion or casing penhole
- I the well bore
- of the casing and tubing
- and tubing. If a casing liner show top and
- of cement used per casing string

s for an oil well it must be from a test otal volume of load oil is recovered.

- new oil was first produced
- gas was first produced into a pipeline
- the following test was completed
- of the test
- pressure oil wells ressure gas wells
- orassure oil wells ressure gas wells
- choke used in the test
- duced during the test
- produced during the test.
- duced during the test
- ted absolute open flow in MCF/D
  - d to test the well;

- ng ping please write it in.
- printed name, and title of the person ske this report, the date this report was telephone number to call for questions 1
- erator's name, the signature, printed name, the previous operator's representative erify that the previous operator no longer ompletion, and the date this report was person