

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

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

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

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Chesapeake Operating, Inc. P.O. Box 18496 Oklahoma City, OK 73154-0496		OGRID Number 147179
		Reason for Filing Code RT-3000 BBL - Oct.1996
API Number 30-025-33579	Pool Name West Lovington Strawn (Penn Formation)	Pool Code 40750
Property Code 19457	Property Name RUTH 20	Well Number 1

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
C	20	16S	36E		609.4	North	1650	West	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
C	20	16S	36E		609.4	North	1650	West	LEA
Lee Code S	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
138648	Amoco Pipeline ICP 502 Northwest Avenue Levelland, TX 79336 (806)897-7007	2818067	0	Sec 20, 16S-36E 609.4' fnl & 1650' fw1 Lea Co., NM

IV. Produced Water

POD	POD ULSTR Location and Description

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	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: *Barbara J. Bale*

Printed name: Barbara J. Bale

Title: REgulatory Analyst

Date: 10-28-96

Phone: (405)848-8000

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNATURE OF JERRY SEXTON
DISTRICT III SUPERVISOR

Title:

Approval Date:

10/28/96

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

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

Report all gas volumes to the nearest whole barrel.
A request for allowable production drilled or deepened well must be
accompanied by a production test deviation tests conducted in
accordance with Rule 100.

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 filled for each pool in a multiple
completion.

Improperly filled out or incomplete forms may be returned to
operator unapproved.

Operator's OGRID number. If you do not have one it will
be assigned and filled in by the District office.

Reason for filling code from the following table:

Operator's name and address

The API number of this well

The name of the pool for this completion

The pool code for this pool

The property code for this completion

The property name (well name) for this completion

The well number for this completion

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 OGD unit letter.

The bottom hole location of this completion

Lease code from the following table:

The producing method code from the following table:

MO/DA/YR that this completion was first connected to a
gas transporter

The permit number from the District approved C-129 for
this completion

MO/DA/YR of the C-129 approval for this completion

MO/DA/YR of the expiration of C-129 approval for this
completion

The gas or oil transporter's OGRID number

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
office will assign a number and write it here.

Product code from the following table:

Product code from the following table:

Product code from the following table:

Product code from the following table:

Product code from the following table:

Product code from the following table:

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
the 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", "Jones CPD", etc.)

MO/DA/YR drilling commenced

MO/DA/YR this completion was ready to produce

Total vertical depth of the well

Plugback vertical depth

Top and bottom perforation in this completion or casing
shoe and TD if openhole

Inside diameter of the well bore

Outside diameter of the casing and tubing

Depth of casing and tubing. If a casing liner show top and
bottom.

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

MO/DA/YR that gas was first produced into a pipeline

MO/DA/YR that the following test was completed

Length in hours of the test

Flowing tubing pressure - oil wells

Shut-in tubing pressure - gas wells

Flowing casing pressure - oil wells

Shut-in casing pressure - gas wells

Diameter of the choke used in the test

Barrels 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
Swabbing
S
P
F
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

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and title of the previous operator's representative
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