

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
70 Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brans 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 AG (off 11/15/96)		
API Number 30 - 0 25-33756	Pool Name West Lovington Penn	Pool Code 40750
Property Code 20120	Property Name PATTY 20	Well Number 1

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West line	County
E	20	16S	36E		2156'	North	990	West	LEA

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
E	20	16S	36E		2156'	North	990	West	Lea
Lee Code S	Producing Method Code E	Gas Connection Date 4/11/97	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	2818978	0	Sec 20, 16S-36E 2156' fnl & 990' fw1 Lea Co., NM
9171	GPM Gas Corporation 4044 Penbrook Odessa, TX 79762	2818978	G	Same

IV. Produced Water

POD	POD ULSTR Location and Description

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
2/20/97	04-11-97	11,780'	11,695'	11435-474'
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	
17-1/2"	13-3/8"	393'	Circ. to Surface-500sx	
11"	8-5/8"	4,150'	199 sx	
7-7/8"	5-1/2"	11,780'	675 1st stg	
	2-7/8"	8,322'	1100 2nd stg	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
4-11-97	4-11-97	4-12-97	24 hrs	280#	NA
Choke Size	Oil	Water	Gas	AOF	Test Method
18/64"	207	0	365		

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: <i>Barbara J. Bale</i>		OIL CONSERVATION DIVISION Approved by: <i>Paul Kautz</i> Geologist	
Printed name: Barbara J. Bale		Title:	
Title: Regulatory Analyst		Approval Date: MAY 21 1997	
Date: 05-09-97		Phone: (405)848-8000	

* 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

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 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.	
24.	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.)	
25.	MO/D/A/YR drilling commenced	
26.	MO/D/A/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 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 and bottom.	
33.	Number of sacks of cement used per casing string	
34.	MO/D/A/YR that new oil was first produced	
35.	MO/D/A/YR that gas was first produced into a pipeline	
36.	MO/D/A/YR that the following test was completed	
37.	Length in hours of the test	
38.	Flowing tubing pressure - oil wells	
39.	Flowing casing pressure - oil 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 the report was 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 the report was signed by that person	
14.	MO/D/A/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/D/A/YR of the C-129 approval for this completion	
17.	MO/D/A/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: G Gas O Oil	

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 filling 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 Jicarilla 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	