District I

PO Box 1980, Hobbs, NM 88241-1980

District II

811 South First, Artesia, NM 88210

District III

OIL CONSERVATION DIVISION 2040 South Pacheco

State of New Mexico sergy, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office

1000 Rio Braze District IV	os Rd., Aztec	c, NM 87410		Sant	a Fe, l	NM 87	7505			_		3 Copie
2040 South Pag		Fe, NM 87505								b		ENDED REPORT
<u>I.</u>					LE AN	ID AL	THOR	IZAT	ION TO T	RANS	PORT	
Chesap		147179				² OGRID Number						
P. O. Oklaho		 				3 Reason for Filing Code						
OKTANO 4/		⁵ Pool Name				ated acreage & Pool Name						
30 - 0 25-	-STRAV		ie			* Pool Code 96649						
	roperty Code	:				Property Name				* Well Number		
20581 II. ¹⁰ 9												
Ul or lot no.	Section	Township	Range	Lot.Idn	Feet from	the	No-th/S-	T t	F 45 11	I		T
L	8	165	36E	i	2281 '	i iiic	North/South Line SOUTH		Feet from the		Vest line	County
11 7	<u> </u>	Hole Loca		<u></u> .	2201		3001	LII	331	WE	ST	LEA
UL or lot no.	In1 C .: -					n the	North/Sc	urth line	Fact from the	Feet from the		
L	8	168	36E		2281'		SOUTH		531'		ST	County LEA
12 Lee Code	¹³ Produci	ng Method Cod	e ¹⁴ Gas (Connection Date	n C-	129 Perm	it Number	7	C-129 Effective	Date	17 C-	C-129 Expiration Date
	d Coo T			05-09-97							<u> </u>	
11. On al		ransporte				7.00						
OGRID		¹⁹ Transporter Name and Address				" POD " O/G			²² POD ULSTR Location and Description			
138648		moco Pipeline ICP			2	2819102 0			Sec. 8, 16S-36E .			
1 1 1 D 1 1 1 D 1 1 D 1 D 1 D 1 D 1 D 1		02 Northwest Avenue evelland TX 79336							2281' FSL & 531' FWL Lea Co., NM			
24650					2 2	01010		-	SAME	IVII		
	P.	Warren Petroleum Co., LTD-P P. O. Box 1689					2819103 G					
	Lov	Lovington NM 88260										
												!
							7					
	g rays											
		···										
V. Produ	ced Wat	er						<u></u>				
- F	OD				ж	POD UL	STR Locati	on and Do	escription			
Wall C	o-maloti.											
. WEII C	ompletio		ady Date	- 	'TD						·	
03-28-9		05-09-		11,8	11,831'		PBTD		²⁰ Perfora 11,444-		²⁰ DHC, DC,MC	
31 Hole Size			22 Casing & Tubing Size			33 Depth Set			³⁴ Sacks Cement			Cement
17½" 11"			13-3/8" 8-5/8"			454'			450 sx			
7-7/8"			5½"			4100' 11831'				1155 sx 665 (1st stg) 870 (2nd		
			2-7/8"			8509'				003 (.	ISL S	rg) 670 (2nd
	est Data											
³⁶ Date New Oil 05-09-97		* Gas Delive 05-09-		7 Test Date 05-09-97		Test Length 6 hrs.		Tbg. Pressure		" Cag. Pressure		
41 Choke S	Size	43 Oil		4 Water		"Gas		335#		0		
18/64"		90				50 Flaring			4 AOF		4 Test Method	
I hereby certify	that the rules	of the Oil Cons	servation Divi	sion have been co te to the best of n	mplied		OT1	201				
owieage and be	lief	~		ac to the best of h	цу	٠	OII	J CON Prigina	SERVATI AL SIGNED E	ON D	IVISI	ON
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inted name:	·	Title:										
ile: E		Approval Date:										
ie: 9-												
If this is a char	nge of operat			/848-8000 r and name of th		operator						
		erator Signature		· · · · · · · · · · · · · · · · · · ·								
I		Printed	Name		Title Date							

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "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 allowable 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 allowable requests on new and recompleted wells.

Date

Fill out only sections I, II, III, IV, and the operator certifications for $\langle\cdot,\cdot\rangle$

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
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator (Include the effective date.)

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
- R. The property name (well name) for this completion
- 9. 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 OCD unit letter. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla 12.

SPJNU

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table:
F Flowing
P Pumping or other artificial lift 13.

- MO/DA/YR that this completion was first connected to a gas transporter 14.
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- 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
- 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.
- 21. Product code from the following table: Oil Gas
- 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.) 22.
- 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. 23.
- 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 Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.
- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and bottom.
- Number of sacks of cement used per casing string

If 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.

- 35. MO/DA/YR that new oil was first produced
- 36. MO/DA/YR that gas was first produced into a pipeline
- 37. MO/DA/YR that the following test was completed

- 38. Length in hour 1 the test
- 39. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 46. The method used to test the well:

 - F Flowing
 P Pumping
 S Swabbing
 If other method please write it in.
- 47. 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
- 48. 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

