istrict I O Box 1980, Hobbs, NM \$\$241-1		241-1980	State of New Mexico					Form C-104 Revised February 10, 1994				
otrict II .) Drawer DD, Artenia, NM 88211-0719 etrict III 09 Rie Brame Rd., Aztec, NM 87410			• OIL CONSERVATION DIVISION PO Box 2088					Instructions on back Submit to Appropriate District Office				
								5 Copies				
iel IV				Santa Fe, NM 87504-2088					AMENDED REPORT			
loz 20 68, S e	anta Fe, NM R	EQUEST				AUTHOR	IZATI	ON TO TR	ANSPOR	<u>r</u>		
¹ Operation name and Address Chesapeake Operating, Inc.							147179					
Chesapeake Operating, Inc. P. O. Box 18496 Okłahoma City, OK 73154-0 496 Well Has BEEN P								' Resson (or Filing Code		g Cede		
)klaho	ma City	, OK 7						NW				
· API Number					UFFICE Poo	Name R-10		511198		* Pool Code 40750		
30 - 0 25-34106 ' Property Code			West	Lovingto		rty Name		5111.0		Well Number		
			BLACI	KMON 21					1			
_		Location		Lot.ldn	Feet from the	North/S	outh Line	Feet from the	East/West lin	e Couaty		
or lot no.	Section 21	Township 16S	Range 36E	1201.100	330'	N		2146	w	LEA		
2 11		Hole Lo		1		l			<u> </u>			
L or lot no.		Township		Lot Ida	Feet from t	e North/S	jouth line	Feet from the	East/West Ha			
3	21	16S	36E		874'	Permit Number		3504 '	W Date "	C-129 Expiration Date		
Lae Code	F Froduci	ing Mothed C		-05-97	ste -12	A LELET VARIA	r					
	ind Gas	Transpo	rters	· ·	k		k					
"Transpo OGRID			" Transporter and Addr			" POD	" O/G		²² POD ULSTR and Descri			
			ipeline ICP 28			20518 0		Sec 21, 1		-36E		
			hwest And, TX 7				< 8-1	330'fn1 & Lea Co., 1		L		
		CICILIAN	,		Acres 6100	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·				
0171		PM Gas	Corpora	tion	28	20519	G	Same				
9171	G 4	044 Per	nbrook		28			Same				
	G 4		nbrook			20519		Same				
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	New Mexico C-104 Ins	itructions
IF THI	IS IS AN AMENDED REPORT, CHEUR THE BOX LABLED NDED REPORT" AT THE TOP OF THIS DOCUMENT	22.
Report Report	t all gas volumes at 15.025 PSIA at 60°. t all oil volumes to the nearest whole barrel.	23.
accom	est for allowable for a newly drilled or deepened well must be paned by a tabulation of the deviation tests conducted in lance with Rule 111.	
Ali sec new a	tions of this form must be filled out for allowable requests on nd recompleted wells.	24.
change	t only sections I, II, III, IV, and the operator certifications for as of operator, property name, well number, transporter, or such changes.	25.
	•	26.
comple	erate C-104 must be filed for each pool in a multiple	27.
improg operat	perly filled out or incomplete forms may be returned to ors unapproved.	28.
1.	Operator's name and address	29.
2.	Operator's OGRID number. If you do not have one it will	30.
	be assigned and filled in by the District office.	
3.	Reason for filing code from the following table:	31.
	NW New Well RC Recompletion	32.
	CH Change of Operator AO Add oil/condensate transporter	22
	CO Change oil/condensate transporter	33.
	AG Add gas transporter CG Change gas transporter	The foll conduct
	RT Request for test allowable (include volume requested)	
	If for any other reason write that reason in this box.	34.
4.	The API number of this well	35.
5.	The name of the pool for this completion	36.
6.	The pool code for this pool	37.
7.		38.
	The property code for this completion	
8.	The property name (well name) for this completion	3 9 .
9.	The well number for this completion	40
10.	The surface location of this completion NOTE: If the	40.
	United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box.	41.
	Otherwise use the OCD unit letter.	42.
11.	The bottom hole location of this completion	43.
12.	Lease code from the following table:	44.
	S State	45.
	P Fee J Jicarilla	
	N Navajo	
	U Ute Mountain Ute I Other Indian Tribe	
13.	The producing method code from the following table:	46.
	r r r r r r r r r r r r r r r r r r r	

- Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14. gas transporter
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17. 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.
- Product code from the following table: O Oil G Gas 21.

- The ULS)., 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 this 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 Water Tank", "Jones CPD Water Tank", 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

llowing test data is for an oil well it must be from a test cted 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 Swebbin p
 - - 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 47.

