

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO 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 NW
API Number 30-025-34141	Pool Name N.E. LOVINGTON-PENN	Pool Code 40760
Property Code 21583	Property Name GILMORE 24	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
H	24	16S	36E		2130	North	607	East	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
Lee Code S	Producing Method Code F	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	2820153	0	Sec 24, 16S-36E 2130' fnl & 607' fel Lea Co., NM
9171	GPM Gas Corporation 4044 Penbrook Odessa, TX 79762	2820154	6	Same
	CASINGHEAD GAS MUST NOT BE FLARED AFTER 1/24/98 UNLESS AN EXCEPTION TO THIS IS OBTAINED			

IV. Produced Water

POD	POD ULSTR Location and Description
2820155	

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
10-04-97	11-17-97	14,500'	11,312'	11,140-11,225'
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	
17-1/2"	13-3/8"	455'	495	
11"	9-5/8"	4,417'	2650	
7-7/8"	5-1/2"	14,500'	1560	
	2-7/8"	11,116'		

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
11-16-97	NA	11-17-97	6 hrs / 24	1090	610
Choke Size	Oil	Water	Gas	AOF	Test Method
12/64"	72 / 298	2 / 8	100 / 400		F

"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: 11-17-97 Phone: (405)848-8000

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

Title:
Approval Date: 11/24/97

"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

JCT 4 dp

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 the 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/DA/YR drilling commenced	26.	MO/DA/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/DA/YR that new oil was first produced	35.	MO/DA/YR that gas was first produced into a pipeline	36.	MO/DA/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.	Shut-in casing pressure - gas wells	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: Flowing Pumping Swabbing S 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 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	13.	The producing method code from the following table: F Flowing P Pumping or other artificial lift 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	17.	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 the POD has no number and write it here.	20.	Product code from the following table: O Oil G Gas	21.	
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IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°.

A request for a new well 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.

Fill the 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 operators unapproved.

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.

Reason for filling code from the following table:

RT Request for test allowable (include volume requested)

CG Change gas transporter

AG Add gas transporter

CO Change oil/condensate transporter

AO Add oil/condensate transporter

CH Change of Operator

RC Recompletion

NW New Well

Flowing tubing pressure - oil 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

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

MO/DA/YR that the 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 the POD has no number and write it here.

Product code from the following table:

O Oil

G Gas