rt I 92 1 <b>998, Hobbs, NM \$5241-19</b> et II	•	d, Miner	e of New M is & Natural Ress	ICXICO purcas Department	L	Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office 5 Copies		
rewer DD, Artania, NM \$\$211	-4719	OIL CONS	ERVATIO	N DIVISIO	N -			
et III Rie Brazes R.d., Aztoc, NM 87 iet IV	/410	Santa I	PO Box 20 Fe, NM 87	504-2088				- •
	EST FOR	ALLOWAR	BLE AND		· · ·	N TO TR	ANSPOR	Т
	Operate	r same and Addres	•				<sup>3</sup> OGRID Nu	aber
hesapeake Oper	ating, Ind				-	147179 Reason for Filing Code		
. O. Box 18496 Iklahoma City, O	K 73154-	-0496			R	T - 100		7,998
' All Number			' Pool	Name		100		* Pool Cede
)-0 25-34340	N.E	E. Shoe Bar	-Strawn			96649		
' Property Code		<b></b>	* Proper	ty Name		' Well Number		
22896		RLISLE 7	<u></u>					
10 Surface Loca	ation nahip Ram	e Lot.ida	Feet from the	North/Sou	th Line   i	out from the	East/West in	e County
	16S 36	E 3	2238	South		1087	West	Lea
<sup>11</sup> Bottom Hole								
L or lat no. Section Ter	waship Res	e Latida	Fost from the	e North/So	uth iles	Feel from the	East/West li	ne County
	the start of the last	" Gas Connection D	1010 U C-120	Permit Number		C-129 Effective	Date '	C-129 Expiration Date
P Lee Code Producing Me								
, Oil and Gas Tra	nsporters		· · · ·					
"Transporter	" Trans	perter Name Address		<sup>34</sup> POD	" O/G		<sup>22</sup> POD ULSTR Location and Description	
OGRID		ergy Market	ing Inc.		G	Sec 7, 1	6S-36E	
P. 0.	Box 1849	96 🔨	5		2	2238' FS	L & 1087	FWL
- IOblak	oma City	OK 73154-	0496		A.V. 1	Lea Co	<u>NM</u>	
24650 Warr	en Petrol . Box 168	leum Co., L	TD Partner	rship	G			
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	Nevr Mexico Oil Con C-104 Inst		lvieion
	IS AN AMENDED REPORT, CHECK THE BOX LABLED DED REPORT AT THE TOP OF THIS DOCUMENT	<u>.</u> 2.	The ULST well comp (Example:
	oli gas volumes at 15.025 PSIA at 60°. Il oli volumes to the nearest whole barrel.	23.	The POD ( from this
ccomp	at for allowable for a newly drilled or despende well must be aned by a tabulation of the deviation tests conducted in nos with Rule 111.		this POD number a
All sect	ions of this form must be filled out for allowable requests on d recompleted wells.	24.	The ULS well com (Example Tank".etc
change	only sections i, ii, iii, iV, and the operator certifications for of operator, property name, well number, transporter, or uch changes.	25.	MO/DA/
	rate C-104 must be filed for each pool in a multiple	26.	MO/DA/
completion.		27.	Total ver
	riy filled out or incomplete forms may be returned to	28.	Plugback
1.	Operator's name and address	29.	Top and shoe and
2.	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.	30.	Inside di
•	·	31.	Outside
NW RC	RC Recompletion	32.	Depth of bottom.
	CH Change of Operator AO Add oil/condensate transporter	33.	Number
CO AG CG RT If for a	AG Add gas transporter		cted only a
		34.	MO/DA
	If for any other reason write that reason in this box.	35.	MO/DA
<b>1</b> .	The API number of this well	36.	MO/DA
5.	The name of the pool for this completion	37.	Longth
6.	The pool code for this pool	38.	Flowing
7.	The property code for this completion		Shut-in
8.	The property name (well name) for this completion	39.	Flowing Shut-in
9.	The well number for this completion	40.	Diamete
Unite for th	The surface location of this completion NOTE: If the United States government survey designates a Lot Number	41.	Barrels
	for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.	42.	Barrels
11.	The battom hole location of this completion	· 43.	MCF of
12.	Lesse code from the following table:	44.	Gas we
F 8 7 1 1 1	8 State	45.	The me F
	J Jicarilla		P S
	U Ute Mountain Ute		If othe
13.	The producing method code from the following table:	46.	The ci author cigned
	P Pumping or other artificial lift		about
14.	MO/DA/YR that this completion was first connected to a gas transporter	47.	The pro and t author
15.	The permit number from the District approved C-129 for this completion		operat signed
16.	MO/DA/YR of the C-129 approval for this completion		
17.	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		

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.

1.1.1.4

21. duct code from the following table: p, log a Oil Gae



- TR location of this POD If it is different from the pibtion location and a short description of the POD a: "Battery A", "Jones CPD",etc.)
- ) number of the storage from which water is moved a property. If this is a new well or recompletion and D has no number the district office will seeign a and write it here.
- TR location of this POD if it is different from the plation location and a short description of the POD a: "Battery A Water Tank", "Jones CPD Water 8; -. tc.) 1
- **YR drilling commenced**
- YR this completion was ready to produce
- rtical depth of the well
- k vertical depth
- d bottom perforation in this completion or casing ad TD if openhole
- liameter of the well bore
- diameter of the casing and tubing
- of casing and tubing. If a casing liner show top and
- r of sacks of cement used per casing string

et data is for an oil well it must be from a test after the total volume of load oil is recovered.

- /YR that new oil was first produced
- /YA that gas was first produced into a pipeline
- /YR that the following test was completed
- In hours of the test
- g tubing pressure oil wells n tubing pressure gas wells
- g casing pressure oil wells n casing pressure - gas wells
- ter of the choke used in the test
- s of oil produced during the test
- s of water produced during the test
- of gas produced during the test
- ell calculated absolute open flow in MCF/D

ethod used to test the well:

Flowing Pumping Swebbing er method please write it in.

S. 1. 1.5 - 1

- signature, printed name, and title of the person rized to make this report, the date this report was d, and the telephone number to call for questions this report d.
- revious operator's name, the signature, printed name, title of the previous operator's representative rized to verify that the previous operator no longer tas this completion, and the date this report was d by that person

. . . . . .