District I PO Box 1960, Hobbs, NM \$2241-1986 District II			State of New Mexico Every, Minerals & Natural Resources Department						Form C-104 Revised February 10, 1994 Instructions on back				
N Driver DD,	Artenia, N	M W211-0 719	OIL CONSERVATION DIVISION						Submit to Appropriate District Office				
District III 1000 Ris Brazes District IV	Rd., Azter	-, NM 87410	PO Box 2088 Santa Fe, NM 87504-2088						5 Copies				
PO Box 2088, Same Fe, NM 87504-2088 I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT													
Operator name and Address 'OGRID Number													
Chesap	•	ng, Inc.			147179								
	P. O. Box 18496 Oklahoma City, OK 73154-0496								' Reason for Filing Code RC				
	Pl Number	-		Pool Name						' Pool Code			
30-0 25-35006			North Shoe-Bar Atoka						96763				
' Property Code			_	Property Name						' Well Number			
24402 Boyce 15 3 II. ¹⁰ Surface Location 3]				
Ul or lot mo.	Section	Township		Lot.Ida	Feet from t	he No	orth/South	Line	Feet from the	East/West	ae Cossty		
H 15 16S				2310	North			341 East Lea		t Lea			
UL or lot no.	¹¹ Bottom He			Lot Ida	Feet from (e North/South line		Feet from the	East/West line County			
		Townshi			Loor Loss		107LB/3091		FOR ITOM CAS	East week			
" Lee Code	^D Produ	cing Method	Cede Gas	Connection De	ate ¹⁴ C-3	29 Permit N	umber		" C-129 Effective	Date	⁷ C-129 Expiration Date		
P	F												
III. Oil a		Transpo	"Transporter	Name		" POD		" O/G	1	POD ULST	R Location		
OGRID		<u></u>	and Addre							and Desc			
021778	921770 P. O. Bo			Inc. (R&M) ox 2039 OK 74102				0	Sec 15, 16S-35E 2310' FNL & 341' FEL Lea Co., NM				
24650 Dynegy I		nc. isiana, Suite 5800		800 283	826567 G		G	Same					
Constant of the second			<u>TX 770</u>			مرد در مرد م منتخذ مان مرد م		Shot the	3				
e **									0				
Restance Constraints	1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -				1. 4000 1. Butter	na in the second se	มาร์จากจากจะ รังไม่ เสราะสะคราช จะ ร		×				
Beret Calibra Inc	25 1 X				Sec. etc.	barran di		in in a	8				
IV. Prod	uced W	later											
	POD				ia	POD ULST	TR Locatio	ba and	Description				
287656													
V. Well	Comple and Date	etion Da	ta. ** Ready I	Data		" TD	r		# PBTD		" Perforations		
	15/00	08	/17/00 &		1	900'				1	1,659-678'		
	* Hole Si	1 122	м	Casing & Tub	bing Size		¹ I	Depth S	Set	······································	* Sacks Cement		
17-1/2"			13-3/8"			444'			490				
12-1/2"			9-5/8"			4200'			1640'				
7-7/8" 2-7/8" Tbg 11,605'			5-1/2" CIBP @ 11,725'			11,900'			1470				
			CIBP	@ 11,72	5				·				
VI. Well Test Data ¹⁴ Date New Oil ¹⁴ Gas Delivery Date ¹⁴ Test Date						¹⁷ Test Length ²⁴ T			× Tbg. I	Tunner	" Cag. Pressure		
01/30/01		01/30/01 0		01/	/30/01		24 hrs		550 psi		0		
" Ch 24/64'	ke Sine 1		" ON 2 bbls	0	a Waler	165	G 50 mcf	Ē	2177	OF mcfd	" Test Method Flowing		
	"I hereby certify that the rules of the Oil Conservation Division have been complied with and that the informatich given above is true and complete to the best of my						OIL CONSERVATION DIVISION						
knowledge and belief.						Approved by:							
Printed name: Dung D. Vu							Tide:						
Tille: Asset Manager						Approval Date: Orig. Stand by: Frank Tantz FER 0.8 2001							
Dete: 02	/02/01			(405) 84	8-8000	8000				Action FED V @ WW			
		operator fill	in the OGRID :			ious operati	9 7 •						
	Previo	us Operator i	lignature			Printed	i Name		· <u>.</u>	Tid	Dale		

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New Mexico Se Conservation Divis: C-104 Instructions

	IS AN AMENDED REPORT, CHECK THE BOX LABLED DED REPORT" AT THE TOP OF THIS DOCUMENT	<u></u>	The UL_ R location of this POD If it is different well completion location and a short description of		
	sil gas volumes at 15.025 PSIA at 60°. Sil volumes to the nearest whole barrel.	23.	(Example: "Battery A", "Jones CPD",etc.) The POD number of the storage from which wate		
accomp	et for allowable for a newly drilled or despaned well must be newed by a tabulation of the deviation tests conducted in mos with Rule 111.		from this property. If this is a new well or resom this POD has no number the district office w number and write it here.		
	ione of this form must be filled out for allowable requests on d recompleted wells.	24.	The ULSTR location of this POD If it is differen well completion location and a short description ((Example: "Battery A Water Tank", "Jones C Tank", etc.)		
change	only sections I, II, III, IV, and the operator certifications for a of operator, property name, well number, transporter, or	25.	MO/DA/YR drilling commenced		
	uch changes.	26.	MO/DA/YR this completion was ready to produ		
A sepa complet	arate C-104 must be filed for each pool in a multiple tion.	27.	Total vertical depth of the well		
	arly filled out or incomplete forms may be returned to returned.	28.	Plugback vertical depth		
1.	Operator's name and address	29.	Top and bottom perforation in this completion shoe and TD if openhole		
2.	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.	30.	Inside diameter of the well bore		
3.	Reason for filing code from the following table:	31.	Outside diameter of the casing and tubing		
	NW New Well RC Recompletion CH Change of Operator	32.	Depth of casing and tubing. If a casing liner and bottom,		
	AO Add oil/condensate transporter CO Change oil/condensate transporter	33.	Number of sacks of cement used per casing st		
	AG Add gas transporter CG Change gas transporter RT Request for test allowable (include volume		ollowing test data is for an oil well it must be f cted only after the total volume of load oil is racov		
	requested) If for any other reason write that reason in this box.	34.	MO/DA/YR that new oil was first produced		
4.	The API number of this well	35.	MO/DA/YR that gas was first produced into a (
5.	The name of the pool for this completion	36.	MO/DA/YR that the following test was comple		
6.	The pool code for this pool	37.	Length in hours of the test		
о. 7.	The property code for this completion	38.	Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells		
8.	The property name (well name) for this completion	39.	Flowing casing pressure - oil wells		
9.	The well number for this completion	40	Shut-in casing pressure - gas wells		
10.	The surface location of this completion NOTE: If the United States government survey designates a Lot Number	40.	Diameter of the choke used in the test		
	for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.	41. 42.	Berrele of oil produced during the test		
11.	The bottom hole location of this completion	43.	Barrels of water produced during the test MCF of gas produced during the test		
	· · · · · · · · · · · · ·				
12.	Lease code from the following table: F Federal S State	44.	Gas well calculated absolute open flow in MC		
	P Fee	45.	The method used to test the well: F Flowing		
	J Jicarilla		P Pumping		
	N Nevejo U Ute Mountain Ute		S Swebbing		
	I Other Indian Tribe		If other method please write it in.		
13.	The producing method code from the following table: F Flowing P Pumping or other artificial lift	46.	The signature, printed name, and title of authorized to make this report, the date this signed, and the telephone number to call fo about this report		

- 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/VR of the expiration of C-129 approval for this completion 17.
- 18. The gas or oil transporter's OGRID number
- 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 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 Gae 21.

- nt from the of the POD
- ter is moved npietion and vill assign a
- nt from the n of the POD CPD Water
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- on or casing
- how top and
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from a test overed.

- pipeline
- leted

- CF/D
- i the person is report was for questions ut 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.

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