District I PO Box 1980, Hoobs, NM \$8241-1980 District II

State of New Mexico

Encir- Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994 Instructions on back

Submit to Appropriate District Office 5 Copies

Date

Title

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088 20 Drawer DD, Artesia, NM 88211-0719 District III 1000 Rio Brams Rd., Axtec, NM 87410

Previous Operator Signature

	ada Fe, NM 1	7504-2088				•	·*	_	MENDED REPORT
	RE	QUEST I				AUTHORIZA	TION TO T	RANSPOR	
¹ Operator name and Address Chesapeake Operating, Inc.							147179		
	x 1849			_		Reason for Filing Code			
klahor	na City	, OK 731	54-049	96			NW		
						Vame		N.23	' Pool Code
' Property Code			NE Lovington Penn Upr * Property Name					2	Well Number
23389	opaty coat		Wareho	use 10		,		#2	
10 S	Surface I	ocation							
r lot mo.	Section	Township	Range	Lot.lda	Feet from the	North/South L			
3	10	16S	36E		1096	North	2444	East	LEA
or lot 20.		Township	Range	Let Ida	Fort from the	North/South	ine Feet from ti	e East/West liv	ne County
6	190	lbs	3be	DA IUI	Foot from the	N	2190	E	Lea
Lae Code		ng Method Cod		Connection De	14 11 C-129	Permit Number	" C-129 Effect	ive Date	C-129 Expiration Date
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		Fransporte	ers					······································	
Transpor		" T	ramporter i and Addre			" POD "	G POD ULSTR Location and Description		
		IPM Gas C	as Corporation 28			22186 G	37186 G 1096' FNL & 2444' FEL		
40		044 Penb	Penbrook				Sec 10, 16S-36E		
<u> </u>			1. TX 79762				Lea Co	., NM	
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	iuced W	ater							
1	POD		· · · · · · · · · · · · · · · · · · ·			OD ULSTR Location			
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285 Well	' POD 2218		²⁶ Ready	Date	× P			11	" Perforations 692-707
28- Well	POD 2218 Comple Grad Date	7 Ition Data	* Ready 09/22/0		× P	OD ULSTR Location	and Description	117	692-707 ' '08-728 '
28- Well	POD 2218 Comple Grad Date	7 Ition Data	09/22/0)() Casing & Tul	" 12,105	OD ULSTR Location	and Description	117	692-707 '
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Printed Name

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.

Fill out 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 filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- Operator's name and address 1.
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- Reason for filing code from the following table:

 NW New Well

 RC Recompletion

 CH Change of Operator

 AO Add oil/condensate transporter

 CO Change oil/condensate transporter

 AG Add gas transporter

 CG Change gas transporter 3.

RC CH AO CO AG CG

Change gas transporter
Request for test allowable (Include volume RT

requested)
If for any other reason write that reason in this box.

- The API number of this well 4.
- The name of the pool for this completion 5.
- The pool code for this pool 6.
- The property code for this completion 7
- The property name (well name) for this completion
- The well number for this completion 9.
- The surface location of this completion NOTE: 10. 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.
- The bottom hole location of this completion 11.
- Lesse code from the following table: 12.

SP

Federal State Fee Jicarille

N

- Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: 13.

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 15. this completion
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- 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 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 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.) .2.
- 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 24. (Example: Tank .etc.)
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Inside diameter of the well bore 30.
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and 32.
- Number of sacks of cement used per casing string 33.

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.

- MO/DA/YR that new oil was first produced 34.
- MO/DA/YR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36.
- Length in hours of the test 37.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- Diameter of the choke used in the test 40.
- Barrels of oil produced during the test 41.
- Barrels of water produced during the test 42.
- MCF of gas produced during the test 43.
- Gas well calculated absolute open flow in MCF/D 44

The method used to test the well: 45.

Flowing

P Pumping
S Swabbing
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 46.
- 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 47. igned by that person

N