District I
PO Box 1990, Hoobs, NM \$241-1980
District II
"O Drawer DD, Artenia, NM \$\$211-9719
District III

1000 Rie Branes Rd., Anter, NM \$7410 District IV

State of New Mexico Error, Minerais & Nataral Resources Department

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088 $(1,2)_{ij} = (1,2)_{ij}$

X AMENDED REPORT

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Apache Corporation 2000 Post Oak Blvd., Suiters GNATED STEEN PLACED IN THE POR Houston, TX 77056-4400									000873					
2000 Houst	Post (on, T	Oak Blvd X 77056-	l., -44(Suite)0 M	ESIGNATED E	AS AEEN P. BELOW, IF	LACED IN YOU DO			NW - (Reason for Filis CH	ng Code		
API Number										<u>}</u>	40760	* Pool Code		
0-0 25-35324 Lovington Penn Northea												117-19 Manual		
'Property Code 'Property -28046 26496 State Sec 9						rty Name				2	Well Number			
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	- N.S N.S.				<u></u>									
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	ipud Date	oletion Da	114	¹⁴ Ready I	Date		" TD			" FBTD		^{3*} Perforations		
06/07			07/28/01			12,09	12,090'		_			570-11588'		
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11"			8-5/8"		8''	I 1		4581'			1450			
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Printed man		, D. Vu	Ζ.	7/			Title:			Peul K	ed by			
Tide: Asset Manager					Approval Date: (Geologithe									
Dete: 07/31/01 Phone: (405) 848-8000								ـــــــــــــــــــــــــــــــــــــ						
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	Pre	tons Operator	Sign				Printed	Name			Tu	n Da		

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IF THIS IS AN AMENDED REPORT. CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report sil 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.

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.

1. Operator's name and address

3.

5.

12.

- 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

 AO
 Add oil/condensate transporter

 - AG CG RT Add gas transporter Change gas transporter
 - for test allowable (Include volume Request nounstad
 - If for any other reason write that reason in this box,
- 4 The API number of this well
 - The name of the pool for this completion
- The pool code for this pool 6.
- 7. The property code for this completion
- The property name (well name) for this completion 8.
- 9. The well number for this completion
- The surface location of this completion NOTE: If the 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. 10.
- 11. The bottom hole location of this completion
 - Lease code from the following table:
 - Federal State Fee Jicarilla
 - s P

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- Navajo Ute Mountain Ute
- Other Indian Tribe
- 13. The producing method code from the following table: Flowing Pumping or other artificial lift P
- 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.
- 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
- 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.

1.1

Product code from the following table: 21. 0 Oil Gae

- 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.)
- 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 27.
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and 32. bottom.
- 33. Number of sacks of cement used per casing string

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.
- 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
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- MCF of gas produced during the test 43.
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:
 - Flowing Pumping Swebbing

 - 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 signed by that person 47.

) Box 1960, Hobbs, NM §57 strict II	141-1980	- State of New Mexico E , Minerale & Natural Resources Department					Revised February 10, 1994 Instructions on back				
) Drawer DD, Artenia, NM strict III	OIL			N DIVISIC)N	Submit to Appropriate District Of 5 Co					
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strict IV) Box 2088, Santa Fe, NM (87504-20 88				• •	· .•	X AMENDED REPORT				
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' API Number				' Pool	Name	Netry			* Pool Code		
30-0 25-35324		Lovingto	on Penn	Northeas	st			40760			
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. ¹⁰ Surface I	Township	Range L	ol.ida	Feet from the	North/Sou	th Line	Feet from the	East/Wes	t line County		
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¹¹ Bottom H	Hole Loca	tion	I					<u>, I</u>			
UL or lot as. Section	Township	Range	Lot Ida	Feet from th	e North/So	uth line	Feet from the	East/Wes	t line County		
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chang	nt only sections i, ii, iii, IV, and the operator certifications for les of operator, property name, well number, transporter, or such changes.	25.	Ta Mo
	•	26.	M
	parate C-104 must be filed for each pool in a multiple letion.	27.	To
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opera 1.	tors unapproved. Operator's name and address	29.	Ta sh
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З.	Reason for filing code from the following table:	31.	Qu
	NW New Well RC Recompletion	32.	De
	CH Change of Operator		
	AO Add oil/condensate transporter CO Change oil/condensate transporter	33.	Ni
	AG Add gas transporter	The fo	
	CG Change gas transporter RT Request for test allowable (include volume	condu	cted
	requested) If for any other reason write that reason in this box,	34.	М
	·	35.	м
4.	The API number of this well	36.	м
5.	The name of the pool for this completion	37.	L
6.	The pool code for this pool	38.	FI
7.	The property code for this completion		S
8.	The property name (well name) for this completion	39.	FI S
9.	The well number for this completion	40.	D
10.	The surface location of this completion NOTE: If the		-
	United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box.	41.	B
	Otherwise use the OCD unit letter.	42.	В
11	The bottom hole location of this completion	43	

- The bottom hole location of this completion 11.
- 12. Lease code from the following table:
 - Federal State Fee Jicarilla SP

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- Navajo Ute Mountain Ute Other Indian Tribe
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- The permit number from the District approved C-129 for 15. this completion
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/VR of the expiration of C-129 approval for this 17. completion
- 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.
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- lepth of casing and tubing. If a casing liner show top and ottom
- lumber of sacks of cement used per casing string

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- AO/DA/YR that new oil was first produced
- 40/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed
- ength 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 43.
- 44 Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:
 - Flowing p
 - Pumping Swabbin

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 signed by that person 47.



District I P.O. Box 1980, Hobbs, I District II	NM 88241-1980	State of New Mexico Energy, Minerals and Natural Resources Department								Form C-104 February 10, 1994 Insturctions on back		
P.O.Drawer DD, Artesia,	, NM 88211-0719	OIL	OIL CONSERVATION DIVISION P.O. Box 2088						Submit to Approp	oriate District Office 5 Copies		
District III 1000 Rio Brazos Rd., Az	ztec, NM 87410		F.C	J. DUX 200					-			
District IV										DED REPORT		
P.O. Box 2088, Santa Fe								DT				
Operator name and		EST FOR ALL	OWABLE /	AND AUT	HORIZATION	2						
-,		APACHE C				3		000	373			
		2000 POST C HOUSTON, T			100 Reason for F			⁻ Illing Code • RT 07/2001				
* API Number		⁵ Pool Name					⁶ Pool Code					
30-025-353 7 Property Code	24	⁸ Property Name	LOVIN	GTON PE	ENN NE		° Well Ni	40760 * Well Number				
Property Code	,496	Property Name	STATE	SEC "9"					2			
11.	Surface L											
UI or lot no. F	Section 9	Township 16S	Range 37E	Lot. Idn	Feet from the 1610'		/South line)RTH	Feet from the	East/West line	County		
		ole Location		1					· · · ·			
UI or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North	/South line	Feet from the	East/West line	County		
¹² Lse Code P	¹³ Producir	ng Method Code P	¹⁴ Gas Con	nection Date	¹⁵ C-129 Permit Numbe	er ¹⁶	29 Effective [Date 17	C-129 Ex	piration Date		
III. Oil and Gas	s Transporte	ers										
¹⁸ Transporter OGRID		¹⁹ Transporter Name and Address			20 POD	21 O/G			LSTR Location sription			
037480	EOTT EN P. O. BOX	ERGY OPER. K 4666	, LTDP		0011810	0						
		N, TX 77210			·							
024650		MIDSTREAM JISIANA ST., S			2807049	G UNIT F, SEC. 9,T16S,R37E DYNEGY GAS METER						
024000				5	20070-3	2007049 DINEGT GAS METER						
	HOUSTO	N, TX 77002	<u>=</u>									
IV. Produced V	Vater						<u>.</u>					
23 POD					Location and Description							
11850		UNIT F, SE	<u>.C.</u> 9, T16S	6 <u>, R37E. V</u>	WATER DISPC	SED	IN YATE	SPET. D	ISPOSAL.			
V. Well Compl 25 Spud Date	letion Data	26 Ready Date	27	TD	28 PBTD	29	Perforations		2	DHC, MC		
6/8/01		7/30/01		12090'		Depth Se	11570' -		SC CTB-	318		
³¹ Ho	ble Size	-	Casing & Tubing	Size		Depth Se	1		Sacks Cement			
			·····									
				·								
			<u> </u>	<u></u>								
VI. Well Test D	ata											
³⁶ Date New Oil 7/20/01		Delivery Date	³⁷ Tes	st Date	38 Test Length	30	Tbg. Press	sure 40	Csg. I	Pressure		
7/30/01 7/31/01 41 Choke Size 42 Oil 43 Water								Test FLOWINC	Method			
		Conservation Division h		ed	C		ONSERV	ATION D	IVISION			
with and that the informa knowledge and belief.	auon given above is	true and complete to the	e best or my									
Signature:	All Maria	h Ru	110		Approved by:		Qr	ig.C				
Printed Name:	Title:					· <u> </u>						
		Annu-1 D										
Title:	SK. ENG	NEERING TE			Approval Date:			E.	2.6	501 3123		
Date:	07/30/01	Phone:	713-296-6	5361								
⁴⁷ If this is a change of	of operator fill in the	OGRID number and na	me of the previou	s operator								
	Previous Operator	Signature:			Printed Name		<u></u>	Title		Date		