District I PO Box 1980, Hobbs. NM \$5241-1980 District II TO Drawer DD, Artesia, NM \$5211-6719			19	State of New Mexico Ea , Minerale & Natural Resources Department OIL CONSERVATION DIVISION						Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office				
District III 1009 Rie Brazes Rd., Aztoc, NM 87419 District IV				PO Box 2088 Santa Fe, NM 87504-2088						5 Copies				
PO Box 2088, 64 I.	unta Fe, NM RI	87504-20 EQUE	¤ ST F	FOR AL	LOWAB	LE AND	AƯ	THORI	ZATI	ON TO TR	ANSP	ORT	l	
····			' OI	perator Band	and Address					147179	' OGRI			
Chesap P. O. Bo		-	my,	g, mc.					ŀ	· Resses for Filing Code				
Oklahoma City, OK 73				3154-0496				43.		NW -				
• API Number 30 - 025-35612				Undesignated SW Austin-Mississipp							* Pool Code 96242			
' Property Code			-				perty Name			100 m	'Weil Number		/ell Number	
2827				ALICE 1	.3					OC.		1		
II. <sup>10</sup> Surface L		Locati			Lot.ida	Lida Feet from the North/Sou			uth Line i	ne Feet from the East/West line County				
				35E		660		South		1795	Eas	East Lea		
-		Location						I	······································					
UL or lot no.	and the second		lip	Range	Lot Ida	Feel from the		North/South line		Feet from the	Feet from the East/West b		Cousty	
11 Lae Code	<sup>12</sup> Produci	ng Metho	d Code	" Gas C	Connection Da	)ate <sup>14</sup> C-129		rmit Number		C-129 Effective Date		" C	-129 Expiration Date	
P	F	-			8/01									
	nd Gas	Trans			,		* PC		<sup>11</sup> O/G		" POD U	LSTR 1	ocation	
" Transpo OGRID			<sup>10</sup> Transporter Name and Address					50 0/0				Descript		
			o Pipeline ICP				2830762 0			Sec 13-15S-35E 660' FSL & 1795' FEL				
5757 S			Northwest Avenue 11and, TX 79336							Lea Co., NM				
24650		negy	Inc.			28	30	763	G	Same				
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	10 <u>Ho</u>				uite 580									
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IV. Prod		ater			······································						ç.			
<sup>11</sup> POD					PODL	ation and	Description	) /	े. २					
2830			Jata					<u></u>			·	<u>\\$</u> . \{{}		
V. Well Completi			Jala	<sup>34</sup> Ready D	ale	1	" TD	TD		" PBTD			* Perforations	
08/18/01			12	/18/01		13,850'				.3,450'	المراجع المراجع	13134'-44'		
<sup>26</sup> Hole Size			<sup>34</sup> Ca			using & Tubing Size		<sup>11</sup> Depth S		Set			<sup>20</sup> Sacks Cement	
17-1/2			13-3/8					447' 4470'			440			
				8-5/8"				13,850'			1070			
7-7/8"				5-1/2"							107	0		
VI. Wel	l Test I	Data		l		<u></u>					1			
<sup>14</sup> Date New Oil			<sup>24</sup> Gas Delivery Date			<sup>34</sup> Test Date		" Test Length		* Tbg. Pressure			" Cag. Pressore	
NA		12	12/18/01			12/18/01		1 hr 24		200			0	
* Choke Sim			<b>" Oil</b>			a Water		° Gas 21		4 AOF			<b>" Test Method</b> F	
" I hereby certify that the rules of the O				Dil Conservation Division have been complied										
with and that knowledge a Signature:		ios gives	above i	s true and co	mpicie io the b	est of my	Appr	( oved by:	0.	ONSERVA	анта. Алгана		'ISION	
Printed astro		ngal	<u>i.</u> [	n/	2xt 551									
Title:	Dung			EA1 997				Approval Data:						
Dete: 12/18/01			er	Phone: (405)848-8000				JAN 7 2802						
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	Previo	n Operat	ar 9421				n 	rinted Nam	•					

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## 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 v

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.
- 3.
- 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

   RT
   Request for test allowable (include volume requested)

  requested)
  - 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 5.
- 6. The pool code for this pool
- 7. The property code for this completion
- The property name (well name) for this completion 8.
- q. 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.
- The bottom hole location of this completion 11.
  - Lease code from the following table:
    - SP

1

12.

- J N U
- a form the followi State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: F Flowing P Pumping or other artificial lift 13.
- 14. MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- 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.

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Product code from the following table: 21. Oil Gas

- 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.) 72.
- 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.
- 27. Total vertical depth of the well
- Pluoback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- Outside diameter of the casing and tubing 31.
- 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.

- 34. MO/DA/VR 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
- 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
- Barrels of oil produced during the test 41.
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 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 data 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