				r					·				
District I 1625 N. Frencl	h Dr., Hobbe	NM 88240	F	ew Mex Natura		r096	Form C-10 Revised March 25, 199						
1625 N. French Dr., Hobbs, NM 88240 District II 811 South First, Artesia, NM 88210							Revised March 25, 199 Submit to Appropriate District Offic						
District III 1000 Rio Brazos Rd., Aztec, NM 87410			OIL CONSERVATI 2040 South F Santa Fe, NM				Pacheco			5 Copie			
District IV					anta 1°0, 1		05] AM	ENDED REPOR	
2040 South Pa I.			FOR AL	LOWAB	LEAND	AUTH	(ORIZA	TION	TO TRAN	SPOR	ſ		
Мат		il Corpo	¹ Operator na	me and Addre	A CALLER				² OGRD Number				
P.0	D. Box	2107	facion	35			013954 *Reason for Filing Code						
the second se	swell,	NM 8820	02-2107						NW				
30 - 0 25-35793			Kemnitz Wolfcamp, West					•	-96758 356 DE			Pool Code	
⁷ Property Code						roperty Name					' Well Number		
I. ¹⁰ Surface Location			Jonnn	y State									
Ul or lot no.	· · · · · · · · · · · · · · · · · · ·		Range Lot.Idn Feet fro			a the North/South Line			Feet from the	East/West line County			
<i>H</i> ₁	H 6 17S		33E 6		660	60 North			660	East Lea			
UL or lot no.	Bottom	Hole Loca		1	Feet from the North/South line				Feet from the East/West line County				
1	6	Township 17S	Range 33E	Lot Idn	Feet from 66(North		Feet from the 660	EastWe		County Lea	
" Lae Code	¹³ Produc	ng Method Coo	ie ^{ie} Gas (Connection D	ate 14 C	C-129 Permi	t Number		" C-129 Effective I	hate	"C	-129 Expiration Date	
	P					<u> </u>	·····		1				
III. Oil an			S Transporter N	аліе		20 POI		²¹ O/G	r	²² POD UI	STRIA	cation.	
			and Address								escriptio		
20970	D BP	America	1		ス	2832069 D							
036785		uko Enor	For Fiel	d Comri		8328	תרו	6				- <u> </u>	
050705			cgy Field Services h A St., Bldg 7 TX 79705					$\overline{}$					
IV. Produ		er								· · ·		<u>, , , , , , , , , , , , , , , , , , , </u>	
	POD				<u></u>	³⁴ POD UL	STR Locat	on and De	escription				
2832										······			
V. Well Completion Data ²⁴ Spud Date ²⁴ 1			Ready Date 27 TD			<u> </u>	²⁴ PBT	 D	2º Perforat	ions	T	³⁴ DHC, MC	
1/15/	/02		8/02		11,702'		11,68	8'	10928-6				
³¹ Hole Size			²² Casing & Tubing Size			³³ Depth Set 357			²⁴ Sacks Cement				
17 1/2"			<u>13 3/8"</u> 8 5/8"				4520		· · · · · · · · · · · · · · · · · · ·	340 sx 1550 sx			
8 5/8"			7"				2817		••	175 sx			
7 7/8" & 6 1/8"			4_1/2"			11702			1230 sx				
	Test Data												
³⁴ Date No. 5/4/0		¹⁴ Gas De	livery Date		est Date		¹⁴ Test Len	gth	¹⁹ Tbg. Pre	ssure		44 Csg. Pressure	
¹¹ Choke Size		<u>کر تکار</u>	*Oil 5/12/02			<u>24</u> . "G			n/a ⁴⁶ AO		0 ** Test Method		
n/a 66			30				120		Pump				
⁴⁷ I hereby certify that the information Signature:	on entropy bove	of the Oil Conse is true and com	plete to the best	have been com of my knowled	plied with and ge and belief.	Approved b		L CO	NSERVAT	28P	Filsi	ON	
FILL							Title: PAUL OKAUTZ						
Mike Hanagan							PETROLEOM ENVIRE						
A	Agent		1	<u>.</u>		Approval Date:							
Date: d	5/21/02				-1996		IUN O	3.7	12	<u>ن</u> را			
	e- or operau		a number al	as name of the	- previous ope								
	Previous O	perator Signatu	ire	<u></u>		Printec	l Name			Tiu	e	Date	

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "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.

- 1. Operator's name and address 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 RT Request for test allowable (Include volume requested) If for any other reason write that reason in this box. 3. 4. The API number of this well. 5. The name of the pool for this completion. The pool code for this pool. 6. The property code for this completion. 7. 8. The property name (well name) for this completion. 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. If the 10. The bottom hole location of this completion. 11. Lease code from the following table: F Federal S State P Fee J Jicarilla N Navaio 12 Ń Navajo Ute Mountain Ute Other Indian Tribe The producing method code from the following table: F Flowing P Pumping or other artificial lift 13. MM/DD/YY that this completion was first connected to a gas transporter. 14. The permit number from the District approved C-129 for this completion. 15. MM/DD/YY of the C-129 approval for this completion. 16. MM/DD/YY of the expiration of C-129 approval for this 17. completion. The gas or oil transporter's OGRID number. 18.
- 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.
- 21. Product code from the following table: O Oil G Gas
- 22. 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.)

- 23. 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.
- 24. 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 Tank", etc.).
- 25. MO/DA/YR drilling commenced.
- 26. MO/DA/YR this completion was ready to produce.
- 27. Total vertical depth of the well.
- 28. Plugback vertical depth.
- Top and bottom perforation in this completion or casing shoe and TD if openhole.
- 30. Write in DHC' if this completion is downhold commingled with another completion or 'MC' if there is more than one non-commingled completion in this well bore. Attach actual completed well bore diagram
- 31. Outside diameter of the casing and tubing.
- 32. Depth of casing and tubing. If a casing liner, show top and 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.

- 34. MM/DD/YY that new oil was first produced.
- 35. MM/DD/YY that gas was first produced into a pipeline.
- 36. MM/DD/YY that the following test was completed.
- 37. Length 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
- 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.
- 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:

£	LIOMHR
Р	Pumping
2	Pumping Swabbing method please write it in.
9	Swadoulig
If other	method please write it in.

- 46. 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.
- 47. 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.