District I PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico

Bacrgy, Minerals & Natural Resources Departmen

Form C-10-Revised October 18, 199-Instructions on bac!

District II \$11 South First, Artesia, NM \$8210

District III

OIL CONSERVATION DIVISION 2040 South Pacheco

Submit to Appropriate District Offic-5 Copie

7

1000 Rio Branos Rd., Astec, NM 87410 Santa Fe, NM 87505													
District IV AMENDED REPOR													
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT													
Operator name and Address OGRID Number													
BASI	ANCE,		l o				000415						
l l	x 1378	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Sple of 36				Research lab	esson for Fling Code			
Hobbs		B 8241								5 bbls skim oil			
'API Number							* Pool Name				* Pool Code		
30 - 025-	28083	SWD;	SWD; Devonian						96101				
, b	roperty Cod	•	Property Name								' V	Vell Number	
	46		State AJ						·			1	
II. Surface Location													
Ul or lot no.	Section	Township	Range	Lot.ldn	Feet from			uth Line			V es t line	County	
<u>G</u>	33	185	36E		231	0 N			2310	E		025	
11 Bottom Hole Location													
UL or lot no.	Section	Township	Range	Lot ldn	Feet from the		North/South line		Feet from the	East/West line		County	
11 Lae Code	13 Produci	ing Method Co	ode H Gas	Connection Date	e " (C-129 Perm	t Number	1	C-129 Effective	2 Date	" C-	129 Expiration Date	
			<u> </u>						<u>-</u>	·		<u></u>	
		Transpor											
" Transpor		19	Transporter and Addres			" POD " O/G			22 POD ULSTR Location and Description				
	Vell. m		Askey O	olfield Sen	R.	0000474					Jan ihr	ж 	
		o. Box				2808474 0		U					
	H	obbs, A	NN 88241										
037008 JENEX C			PERATING CO			2808474 0			_				
	A 753 753 A	_	308 JW 88	A.I. 1									
	3000 P1	5 005 1 IV) ML 00	441	B338	8 P. 19.8 19.00	(A +60, c) . c						
\$8.450.54.51.50.50.50.50.50.50.50.50.50.50.50.50.50.						Later Street Proces		الراح					
		·		===				10.35					
							9000						
IV Produ	uced Wa	iter			- Compa								
	POD			·		* POD UL	TR Locati	on and D	escription				
İ													
V. Well (Complet	ion Data		W									
²⁸ Spud Date ²⁶ Ready Date ²⁷ TD						* PBTD			" Tagitor	Perforations ** DHC, DC,MC			
											,		
³¹ Hole Size			³³ Casing & Tubing Size				¹³ Depth Set			£	M Sack	us Cement	
										£			
										-			
	-				√¢,			√ ξ,					
									7				
VI. Well	Test Da	ta	1					···········					
B Date New Oil S Gas Delivery Date Test Date						" Test Length " The			» The F	Pressure Cag. Pressure			
]							Cag. Francis	
41 Choke	Size	44	Oil Water			4 Ges		4 AOF		+	* Test Method		
									·		1		
" I hereby certify	y that the rul	es of the Oil C	onservation Di	ivision have been	complied								
knowledge and b	intormation elief	given above is	true and comp	plete to the best of		OIL CONSERVATION DIVISION							
Signature:							Approved RIGINAL SIGNED BY						
Printed name:							TIME: OC FIELD REPRESENTATIVE II/STAFF MANAGER						
Hugo NAEGELE JR.													
Dase: Vice Prosiden			+			Approval Date:			Ш	2002			
Phone: 505-397-5989 If this is a change of operator fill in the OGRID number and name of the pres						JUL 9 2682							
Tif this is a ch	ange of ope	rator fill in th	ie OGRID muz	mber and name o	of the pre-	vious operat	er .						
	Previous O	perator Signa		Nama									
	-			Printed Name				ile	Date				

IF THIS IS AN AMENDED REPORT, CI. .K 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

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

- 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.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator (Include the effective date.)

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.

- 4 The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- The property name (well name) for this completion 8.
- The well number for this completion 9.
- 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
- 12. Lease code from the following table:

N

Federal
State
Fee
Jicarilla
Navajo
Ute Mountain Ute
Other Indian Tribe

The producing method code from the following table:
F Flowing
P Pumping or other entificial lift 13.

- MO/DA/YR that this completion was first connected to a 14.
- 15. The permit number from the District approved C-129 for 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.
- The gas or oil transporter's OGRID number 18.
- 19. Name and address of the transporter of the product
- 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.) 22.
- 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 the 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 Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole 30.
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore.

- 31. inside dameter of the well bore
- Outside diameter of the casing and tubing 32.
- 33. Depth of casing and tubing. If a casing liner show top and
- Number of sacks of cement used per casing string 34

If 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.

- 35. MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 36
- 37. MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39
- 40. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45 Gas well calculated absolute open flow in MCF/D
- The method used to test the well: 46. F Flowing
 P Pumping
 S Swabbing
 H 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 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 48.