District I PO Box 1980, Hobbs, NM 88241-1980 District II			State of New Mexico energy, Minerals & Natural Resources Department					Form C-104 Revised February 10, 1994					
District II PO Drawer DD, Artesia, NM 88211-0719 District III			PO Box 2088					Instructions on back Submit to Appropriate District Office 5 Copies					
1000 Rio Brazos Rd., Aztee, NM 87410 District IV PO Box 2088, Santa Fe, NM 87504-2088				Santa	Fe, N	M 87504	-2088		AMENDED REPORT				
I.						ND AU	THOR	ZATI	ON TO TR	ANSPOR	T		
	EL.	K OIL C	<sup>Operator</sup> nam		\$\$				OGRID Number				
	Pos	st Office	e Box 310				007			47 Reason for Filing Code			
	Ros	swell, N	ew Mexico	o 88202-	-0310		СН			Effective 04/01/(6			
	l'i Number			- <u></u>		' Fool Name	vol Name			* Pool Code			
30 - 0 25-	<u> </u>			<b>-</b>			rip Bone Spring			00960			
'Pr / C	operty Code えくつり		<sup>4</sup> Property Name								' Well Number		
II. <sup>10</sup> S	Surface	Location	 l	State HQ						8			
Ul or lot no.						rom the	North/So	ith Line	Feet from the	East/West lin	e County		
L	26	18S	34E		1	980	Sou	th	660	West	Lea		
UL or lot no.	Sottom	Hole Lo		Lot ida	Ford	from the	North/So	with Ilma	Fact former the	I The second second			
L	26	185	34E			80				East/West fin	,		
<sup>12</sup> Lee Code		ng Method C		Connection D		00 " C-129 Perm	<u>South</u> It Number '		660 C-129 Effective I	West	C-129 Expiration Date		
			<u> </u>										
III. Oil a Transpo		f	rters "Transporter N		1-	11 1943			· · · · · · · · · · · · · · · · · · ·				
OGRID	ruer		and Address			" PO	0	<sup>21</sup> O/G	<b>^</b>	<sup>22</sup> POD ULSIR Location and Description			
02465			Petroleum	Corp.		13665	30	G					
	Alay North Control of the	P.O. Box Tulsa, Ol	: 1589 klahoma [	74102									
13864	8 4	Amoco H	Pipeline IT	'D			1366510 O						
			th West An Id. Texas			dovices at the privat defense of							
<u>x</u>		<u>le ve nun</u>	<u>u. rexus</u>	19330	13	an a							
	i i posta da con Sector da constante da constante da constante da constante da constante da constante da consta Constante da constante da constant												
Konner in det in die	<u> </u>	<del></del>				de Hilling							
g - Sarah S							2	i state di					
IV Prod	uced Wa	tor				a dina akar							
	POD		<u></u>			POD U	SIR Local	lon and i	Description				
		tion Dat					····						
" S <sub>I</sub>	oud Date		<sup>14</sup> Ready Date			" TD	" 1D		" FBID		<sup>37</sup> Perforations		
	" Hole Size	<u>_</u>	A Carlos & Tubles Of								11 co. 1 co.		
		• 	<sup>31</sup> Casing & Tubing Size				" Depth Set			<sup>33</sup> Sacks Cement			
		·								,			
	<u></u>												
		<u> </u>					······						
VI. Well	Test D	ata	I			i							
I		Delivery Date	Delivery Date Mart D		ale <sup>17</sup> Test Length		ngth	<sup>34</sup> Thg. Pressure		<sup>29</sup> Ceg. Pressure			
" Choke Size		4 OU	'Oli <sup>di</sup> Water			40 (Gas		" AOF		4 Test Method			
" I hereby cert with and that the knowledge and Signature:	he informatio	n given above	il Conservation D e is true and comp L COMPA	plete to the be	ern comp at of my		O		NSERVAT				
Painted and the second se						Approved by: DISTRICT I SUPERVISOR							
Joseph J. Kelly													
President				Approv	Approval Date:								
Date: 03/27/96 Phone: (505)623-3190   " If this is a change of operator fill in the OGRID number and name of the previous operator OGRID# 144229													
									144229 in, Texas	78701			
		Operator Sig	palure			Print	ed Name			Title	Date		
L	C	19M	ISH.E	deet	2	James	H. Ed	sel	Pro	esident	4/1/96		

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		Conservations Instructions	n Division
	HIS IS AN AMENDED REPORT, CHECK THE BOX LABLED	22.	T' e ULSTR loca well completion
Rep	ort all gas volumes at 15,025 PSIA at 60°. ort all oil volumes to the nearest whole barrel.		(Example: "Batt
A re	quest for allowable for a newly drilled or deepened well must be impanied by a tabulation of the deviation tests conducted in rdance with Rule 111.	23.	The POD number from this proper this POD has number and write
	ections of this form must be filled out for allowable requests on and recompleted wells.	24.	The ULSTR loca well completion ( [Example: "Batt
chan other	ut only sections I, II, III, IV, and the operator certifications for ges of operator, property name, well number, transporter, or such changes.	25.	Tank",etc.) MO/DA/YR drillir
A se	parate C-104 must be filed for each pool in a multiple	26.	MO/DA/YR this
		27.	Total vertical dep
opera	pperly filled out or incomplete forms may be returned to	28.	Plugback vertical
1. 2.	Operator's name and address	29.	Top and bottom shoe and TD If o
<b>-</b> .	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.	30.	Inside diameter o
3.	Reason for filing code from the following table:	31.	Outside diameter
	RC Recompletion CH - Change of Operator	32.	Depth of casing a bottom.
	CO Change oil/condensate transporter AG Add gas transporter	33.	Number of sacks
	RT Request for test allowable during t	The fo condu	blowing teet deta is cted only after the to
	If for any other reason write that reason in this box.	34.	MO/DA/YR that n
4.	The API number of this well	35.	MO/DA/YR that g
5.	The name of the pool for this completion	36.	MO/DA/YR that th
6.	The pool code for this pool	37.	Length in hours of
7.	The property code for this completion	38.	Flowing tubing pro
8.	The property name (well name) for this completion	39,	Shut-in tubing pre
9. 10,	The well number for this completion		Flowing casing pro Shut-in casing pre
	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 'III or Line's survey of the second states and t	40.	Diameter of the cl
	for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit latter.	41.	Barrels of oil produ
11.	The bottom hole location of this completion	42.	Barrels of water pr
12.	Lease code from the following of the	43.	MCF of gas produc
	S State	44.	Gas well calculated
	P Fee J Jicarilla N Navajo U Ute Mountain Ute I Other Indian Tribe	46.	The method used t F Flowing P Pumping S Swabbing If other method ple
13.	The producing method code from the following table: F Flowing P Pumping or other artificial lift	46.	The signature, pri authorized to make signed, and the te
14.	MO/DA/YR that this completion was first connected to a gas transporter	47.	The previous operat
15,	The permit number from the District approved C-129 for this completion		and title of the authorized to verify operates this point
16.	MO/DA/YR of the C-129 approval for this completion		signed by that pers
17.	MO/DA/YR of the evaluation of a second secon		

17.

MO/DA/YR of the expiration of C-129 approval for this 18. The gas or oil transporter's OGRID number

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.

- cation of this POD if it is different from the n location and a short description of the POD tery A", "Jones CPD",etc.)
- er of the storage from which water is moved rty. If this is a new well or recompletion and no number the district office will assign a rite it here.
- ation of this POD if it is different from the blocation and a short description of the POD ttery A Water Tank", "Jones CPD Water
- ling commenced
- completion was ready to produce
- opth of the well
- al depth
- n perforation in this completion or casing
- of the well bore
- er of the casing and tubing
- and tubing. If a casing liner show top and
- e of cement used per casing string

is for an oil wall it must be from a test total volume of load oil is recovered.

- new oil was first produced
- gas was first produced into a pipeline
- the following test was completed
- of the test
- ressure oil wells ressure gas wells
- ressure oil wells essure gas wells
- choke used in the test
- duced during the test
- produced during the test
- uced during the test
- ed absolute open flow in MCF/D
- to test the well:

  - r ng Iease write it in.
- rinted name, and title of the person ke this report, the date this report was telephone number to call for questions

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ator's name, the signature, printed name, previous operator's representative fy that the previous operator no longer apletion, and the date this report was son

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