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

State of New Mexico

District II NO Drawer DD, Artesia, NM 88211-0719 District III

OIL CONSERVATION DIVISION PO Box 2088

1000 Rio Brazos District IV	Rd., Azt	ec, NM 874	10		Santa F	e, NM	<b>8</b> 750	4-2088				AMEI	NDED REPORT	
PO Box 2068, S				FOR A	LLOWAB	LE AN	D AT	TTHOR	IZATI	ON TO TR			NDED REFORE	
	··		, o	perator na	me and Address		<i>D</i> / (1)	JIIIOK		· · · · · · · · · · · · · · · · · · ·	¹ OGRID		•	
Floyd Operating Company 711 Louisiana Suite 1740										007943  * Reason for Filing Code				
Houston, Texas 77002										CH-Change of Operator Effective 1/1/96				
'API Number 30-0 25-30312 Mescalero Escarpe							* Pool Name e Bone Spring				<b>1 Pool Code</b> 45793			
Property Code				¹ Propert				ty Name			_	Well Number		
		8259	$\sim$ 1 $-$	Cavi	ness 10 F	ederal		·······.				2		
I. 10 Surface Locatio Ul or lot no.   Section   Township				Range	Lot.ldn	Feet from	from the North/South Line			Feet from the	East/West	l line	County	
0	10	18S		33E		660		South		1980	East		Lea	
		m Hole Loc		<del></del>				e North/South line			E 459	. u l	S	
UL or lot no.	Section	n Township		Range Lot Idn		Feet from	the	North/S	onin me	Feet from the	East/West	i nne	County	
II Lee Code Produ		ucing Meth	od Code	1	Gas Connection Date 9-13-88		C-129 Permit Number			C-129 Effective Date		" C-1	17 C-129 Expiration Date	
		s Trans							31 O/G					
Transporter OGRID		-21: 7:27	" T	ransporter and Addre		" P	" POD		<sup>12</sup> POD ULSTR Location and Description					
013063		Lantern Petroleum Corporation PO Box 2281 Midland, TX 79702				ntion	0585910 0			O 10 T18S-R33E				
005097		Conoco, Inc. PO Box 1959					0585930 G			O 10 T18S-R33E				
Midland				, TX 79702										
					<u>.</u>									
and a special production of the special prod						2.00								
IV. Prod	luced \	Water	<del></del>	*****										
	POD			<del></del>				t 0 Se		Description T18S-R33E				
		letion I	Data	ıta						H boom		N.D. C. of		
11 Spud Dat				<sup>24</sup> Ready l	Date		n ID	TD		" PBTD		<sup>17</sup> Perforations		
* Hole		Size		11 Casing & Tubing		ng Size	Size		Depth S	લ		33 Sacks Cement		
													<u> </u>	
					<del></del>						·		<del>-</del>	
VI. Wel	ll Test	Data		<u> </u>										
M Date New Oil			Gas De	divery Date	ид	™ Test Date		<sup>17</sup> Test Length		M Thg. Pressure			<sup>37</sup> Cag. Pressure	
44 Choke Size			41	41 Oil 42 Wa			Gas		8.5	44 /	OF	F 4 Test Metho		
44 I hereby co with and that knowledge a	t the inform	the rules of the pation given	the Oil (	Conservations true and co	Division have been been been been been been been be	ecca complied		(	OIL CO	ONSERVA	rion d	OIVIS	ION	
Signature:		Lur	to	~			App	roved by:		ORIGITAL SE	anto ar <del>Din sup</del>			
Printed name:							Title:							
Title:	:	Manager of		uction				Approval Date: JAN			V 3 185.			
	12/96		<i>F</i> 133 •		7/3/222-		<u> </u>	nami s						
"If this is	a change	or operator OGRID #	0024	24- BIS By:	number and na SON PETRO Bruce O	LEUM CC Barth	RPOR el	ATION		Pre	sident		12/20/95	
	Prev	ious Operal	or Sign	ature		3	7 P.	rinted Name	•		111	itle	Date	
u			(	Luce	-K-1-C	101	M	$\sim$						

## 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 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.
- 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)

If for any other reason write that reason in this box.

- 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.
- 9. The well number for this completion
- The surface location of this completion NOTE: United States government survey designates a Lot I 10. 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.

1

 $C_{i}^{\perp}$ 

**S** 

- 11. The bottom hole location of this completion
- 12. Lease code from the following table:

State Fee Jicarilla SPJKU

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
- 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.
- 21. Product code from the following table: Oil Gas

Commence in

general deserted the second

1 4 1

- T' e 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 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 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
- 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 bottom. 32.
- 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
- MO/DA/YR that gas was first produced into a pipeline 35.
- 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.
- 39. 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: The method used to test the well.

F Flowing
P Pumping
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.

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 representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person