

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
811 S. 1st Street, Artesia, NM 88210-2834
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, NM 87504-2088

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address Burlington Resources Oil and Gas Co. P.O. Box 51810 Midland, TX 79710-1810		² OGRID Number 26485
³ Reason for Filing Code C0 effective 6-1-96		
⁴ API Number 30 025 30975	⁵ Pool Name Lusk Delaware, East Field	⁶ Pool Code 41520
⁷ Property Code 014367	⁸ Property Name Federal AW	⁹ Well Number 2

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
0	26	19S	32E		1980	N	660	W	Lea

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
					335		2310		
¹² Lse Code fed.	¹³ Producing Method Code pumping	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
138648	Amoco 502 N. West Ave. Levelland, TX 79336	1361810	0	
005097	Conoco 10 Desta Drive Midland, TX 79705	1361830	G	

IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description

V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBTD	²⁹ Perforations
³⁰ Hole Sie	³¹ Casing & Tubing Size	³² Depth Set	³³ Sacks Cement	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Csg. Pressure
⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	⁴⁴ AOF	⁴⁵ Test Method

⁴⁶ I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature:

Printed name:

Alyson E. McInturff

Title:

Accounting Asst.

Date:

8-20-96

Phone:

915-688-6891

OIL CONSERVATION DIVISION

Approved by:

Orig. Signed by

Title:

Paul Kautz
Geologist

Approval Date:

AUG 20 1996

⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

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 the POD has no number the district office will assign a number and write it here.	
24.	The USLTR 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	MO/DA/YR this completion was ready to produce
26.		Total vertical depth of the well
27.		Plugback vertical depth
28.		Top and bottom perforation in this completion or casing shoe and TD if openhole
29.	Inside diameter of the well bore	Outside diameter of the casing and tubing
30.		Depth of casing and tubing. If a casing liner show top and bottom
31.		Number of sacks of cement used per casing string
32.		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.
33.	MO/DA/YR that new oil was first produced	MO/DA/YR that gas was first produced into a pipeline
34.		MO/DA/YR that the following test was completed
35.		Length in hours of the test
36.		Flowing casing pressure – oil wells
37.		Shut-in casing pressure – gas wells
38.		Flowing casing pressure – oil wells
39.		Shut-in casing pressure – gas wells
40.		Flowing casing pressure – oil wells
41.		Shut-in casing pressure – gas wells
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
46.		The method used to test the well: F Flowing P Pumping S Swabbing If other method please write it in.
47.		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.
13.	The producing method from the following table: F Flowing P Pumping or other artificial lift	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.
14.	MO/DA/YR that this completion was first connected to a gas transporter	
15.	The permit number from the District approved C-129 for this completion	
16.	MO/DA/YR of the C-129 approval for this completion	
17.	MO/DA/YR of the expiration of C-129 approval for this completion	
18.	The gas or oil transporter's OGRID number	
19.	Name and address of 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	

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 degrees.

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 11.1.

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 filled for each pool in a multiple completion.

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.

Reason for filling 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

The pool code for this pool

The property code for this completion

The property name (well name) for this completion

The well number for this completion

The surface location of this completion NOTE: If the number 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.

The bottom hole location of this completion

Lease code from the following table:
F Federal
S State
P Fee
J Jicarilla
N Navajo
U Ute Mountain Ute
I Other Indian Tribe

The producing method from the following table:
F Flowing
P Pumping or other artificial lift

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

MO/DA/YR of the C-129 approval for this completion

MO/DA/YR of the expiration of C-129 approval for this completion

The gas or oil transporter's OGRID number

Name and address of 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.

Product code from the following table:
O Oil
G Gas