PO Box 1988, Habbs, N District II PO Drower DD, Artania District III 1888 Rie Brazze Rd., A:		State of New Mexico Earry, Marris & Natural Resources Department OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088					Form C-10 Revised February 10, 199 Instructions on bec Submit to Appropriate District Offic 5 Copie			
District IV 10 Box 2008, Santa Fe,	NM 87584-200	1	Sana 10, 14141 07504-2000					AMENDED REPOR		
		T FOR A			d auth	ORIZAT	<u>ION TO T</u>	RANSPO	RT	
	2	•	une and Addr					¹ OGRED Number		
Five States Operating Company 4925 Greenville Avenue, Suite 1				200			153281 ' Renses for Filing Code			
Dallas, Te	206						CH eff. 1/1/99			
API Nemi		⁴ Pool Name					* Post Code			
30 - 0 25-28484		Schar	Scharb Wolfcamp Southeast					55650		
17375 24639		Lea/II	Property Name Lea/UA/State					' Well Number		
	e Location		A/State						1	
Ul or lot no. Section	Township	Range	Lot.Ida	Feet from t		th/South Line	Feat from the	East/West I	Re Coesty	
J 16	195	35E		2080)	South	2070	East	Lea	
UL or int no. Section	Hole Lo		Let Ida	Feet from	ha I Maa	th/South Las				
J 16	195	35E		2080		outh	Feat from the 2070	East/West &	,	
	edag Method C		Connection D		29 Permit Nus		C-129 Effective	East	Lea C-129 Expiration Date	
S	P		-1-84							
I. Oil and Ga		Transporter I			M 202					
OCRID		and Addres			* POD	* 0/G		* POD ULSTR and Duscri	t Locating ptice	
138648	Amoco Pip	eline In	nt. Trk	(ICT) 2	056910	0	J 16 199	5 35E		
	502 N. We <u>evelland</u>		9336-391	4			Tank Bat	tery		
024650 V	Varren Pe	troleum			2056930 G J 16 19S 35E				•	
I	2. O. Box Tulsa, OK						Tank Battery			
			1.70.9						<u> </u>	
			<u> </u>	·						
/. Produced W	ater									
B POD		16 102 6	<u> </u>	ч н	OD ULSTR L	ecation and D	weriptica	· · · · · · · · · · · · · · · · · · ·		
2056950		16 19S 3	35E							
. Well Comple	etion Data	¹⁰ Ready De	te	77	TD			······		
•			-		10				" Perforations	
" Hole Si		" С	soing & Tubi	ng Sian		²⁸ Depth Set		S.	ecks Cement	
		ļ								
		ļ	·							
I. Well Test D		L								
Date New OG		Wery Date		ist. Date	# T	Length	" Tbg. Pr		P Cog. Pressure	
		•				The state of the s	iong, irr		· Cag. manage	
" Chake Star " O		OB	2 4 11/-1-0		• G ₂₂		" AOF " Test Mr.'		" Test Me.	
I hereby certify that the ch and that the mformation owledge and belief. guature:	rules of the Oil (on given above in	Conservation Di true and comp	vision have ber iele to the best	lofinary	pproved by:	OIL CON	ISERVATI	ON DIVI	SION	
wheel same: Art	hur N P	idee Sr	or.		itle:	-				
Arthur N. Budge, Sr.					Approval Date:					
Ope •: 1/29	rations N 199		14-363-3							
If this is a change of o				[h						
	Unich	ho-			ark L. S	hidler	р	resident	112 km	
	Operator Signa				Printed Name	·····		Title	/ <i>799_</i>	

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AN	HIS IS AN AMENDED REPORT, CHECK THE BOX LABLED IENDED REPORT AT THE TOP OF THIS DOCUMENT	22.	The ULSTR location of this POD if it is different from well completion location and a short description of the P			
Rep	ort all gas volumes at 15.025 PSIA at 60°. ort all oil volumes to the nearest whole barrel.		Chample: Bettery A", "Jones UPD",etc.)			
		23.	The POD number of the storage from which water is no from this property. If this is a second which water is no			
8000	A request for allowable for a newly drilled or despened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.		from this property. If this is a new well or recompletion this POD has no number the district office will easig number and write it here.			
0 0 W	ections of this form must be filled out for allowable requests on and recompleted wells.	24.	The ULSTR location of this POD if it is different from well completion location and a short description of the P (Example: "Battery A Water Tank", "Jones CPD Wa Tank", etc.)			
- unen	ut only sections I, II, III, IV, and the operator certifications for ges of operator, property name, well number, transporter, or such changes.	25.	MO/DA/YR drilling commenced			
A 10	parate C-104 must be filed for each pool in a multiple	26.	MO/DA/YR this completion was ready to produce			
comp	neuon.	27.	Total vertical depth of the well			
opera	operly filled out or incomplete forms may be returned to . Nors unapproved.	28.	Plugback vertical depth			
1.	Operator's name and address	29.	Top and bottom perforation in this completion or case shoe and TD if openhole			
2.	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.		Inside diameter of the well bore			
3.	Resson for filing code from the following table:	31.	Outside diameter of the casing and tubing			
	RV New Well RC Recompletion CH Change of Operator	32.	Depth of casing and tubing. If a casing liner show top a bottom,			
	AO Add oil/condensate transporter CO Change oil/condensate transporter	33.	Number of sacks of cament used per casing string			
	AG Ad gas transporter CG Change gas transporter RT Request for test allowable (include volume	The fe condu	allowing test data is for an oil well it must be from a te cted only after the total volume of load oil is recovered.			
	requested) If for any other reason write that reason in this box.	34,	MO/DA/YR that new oil was first produced			
4.	The API number of this well	35.	MO/DA/YR that gas was first produced into a pipeline			
5.	The name of the pool for this completion	36.	MO/DA/YR that the following test was completed			
6.	The pool code for this pool	37.	Length in hours of the test			
7.	The property code for this completion	38.	Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells			
8. 9.	The property name (well name) for this completion The well number for this completion	39.	Flowing casing pressure - oil wells Shut-in casing pressure - gas wells			
10.	The surface location of this completion NOTE: M the	40.	Diameter of the choke used in the test			
	for this location use that number is the fill and the Number	41.	Barrels of oil produced curing the test			
	Otherwise use the UCD unit letter.	42.	Barrele of water produced during the test			
11.	The bottom hole location of this completion	43.	MCF of ges produced during the test			
12.	Lease code from the following table: F Federal	44.	Gas well calculated absolute open flow in MCF/D			
	S State P Fee	45.	The method used to test the well:			
	J Jicarilla		F Flowing P Pumping			
	U Ute Mountain Ute		s swabbing If other method please write it in.			
13.	I Other Indian Tribe	46.				
۹.	The producing method code from the following table: F Flowing P Pumping or other artificial lift	~~.	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 cell for questions about the report			
14.	MO/DA/YR that this completion was first connected to a gas transporter	47.	The previous operator's name, the signature state in			
15.	The permit number from the Dietrict approved C-129 for this completion		and title of the previous operator's representative, authorized to verify that the previous operator no longe operates this completion, and the date this report wa signed by that person			
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					
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- 18. The gas or oil transporter's OGRID number
- 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.

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21. Product code from the following table: O Oil G Gas