Distrir i PO Box 1980, Hobbs, NM \$8241-1986

State of New Mexico

District II

"O Drawer DD, Artenia, NM 88211-0719

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

Form C 104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

District III 1000 Rio Brazos Rd., Aztec, NM 87410

District IV				Janua I I	C, 141 <b>4</b> 1	07504	-2000			₹.	AM	ENDED REPOR	
PO Box 2008, 8 I.			T FOR AL	LOWABI	LE AN	D AU	THOR	IZATI	ON TO TI	RANSI	_		
Operator name and Address Chesapeake Operating, Inc. P. O. Box 18496							<sup>1</sup> OGRID Number 147179						
Oklahoma City, OK 73154-0496							Reason for Filing Code						
							CO 8/1/96						
30-025-33178 Humble City - Str						Pool Name 'Pool Code							
	roperty Code		74.010	operty Name				3 3 4 9 0					
1793	2		SHAW 1	F7.				2					
II. 10	Surface	Location	n	-					<del></del>	l <u>_</u>			
Ul or tot no. Section Township		Range	Feet from	Feet from the North/South Line			Feet from the	East/W	est line	County			
G 1:		17S	1	2100		1	N		2310'	Е	E LEA		
		Hole Lo		<del></del>			· ···						
UL or lot no.		Township		Lot Idn			ne North/South line		Feet from the	East/West line		County	
G  12 Lae Code	15	17S	37E	0 1933		120 D	Permit Number		2310'	E Production in the second		LEA	
P		- NACOO	ļ		,	172 Leum	M Number		C-129 Effective	Date	" C	-129 Expiration Date	
III. Oil a	nd Gas	Transpo		2-96				i		·	<u> </u>	<del></del>	
	Transporter		19 Transporter Name and Address			" POD		<sup>21</sup> O/G	22 POD ULSTR Location and Description				
0171		M Gas		poration							<del> </del>		
9171 4		44 Per essa 5) 36	nbrook TX 7976 8-1049	2		281/3	17319 G		Sec 15, 17S-37E 2100' fnl & 2310' fel Lea Co., NM				
02250	)7Te	xaco '	Trading	&	28	3169	774	0	Same	المالة و		<del></del>	
P.O. Bo		0 Bo	rtation, Inc. x 60628										
			TX 79711 63-0514				ė.	ÿ .					
200000000000000000000000000000000000000				····	n em	and t							
Started Carlos of Started	vik li di				i≩coleioù Xenene	Opposition work	and a second	Datement Las					
IV. Prod	uced W	ater			*******			<b>\$</b> 0.511.11110.00					
" POD							POD ULSTR Location and Description						
V. Well	Comple	tion Dat	a						<del></del>				
11 Spud Date			" Ready Da	" TD " PBT1			" PBTI)	2º Perforations					
		1-16-96 11,						,500 <b>'</b>	والمراجع				
* Hole Size			<sup>31</sup> Casing & Tubing Size				Depth Se	t		n Sac	ks Cement		
17-1/2"		13-3/8"			459 <b>'</b>				440		······································		
12-1/4"		8-5/8			4.475				1200				
7-7/8"		5-1/2"			11,720'				200				
<u> </u>													
VI. Well													
Date New Oil		- Gas	Delivery Date	<sup>34</sup> Test Date			" Test Length		3 Tbg. Pressure			" Cag. Pressure	
" Choke Size		4 Oil		4 Water			<sup>43</sup> Gas		4 AOF			" Test Method	
* I hereby cer with and that t	ufy that the r	ules of the O	il Conservation Di	ivision have been	of my		^	II CO	NSERVAT	TON:	7777	NON!	
knowledge and	belief.				<b>-</b> -,	Approv			naekvai Vaekvai				
Printed name: Barbara J. Bale							Title:						
Title: Regulatory Analyst							Approval Date: SEP 05 1996						
Date: 08-28-96 Phone: (405)848-8000													
" If this is a	change of o	perator fill in	the OGRID nex	aber and name	of the prev	ious oper	ster-						
Design Courts States													
Previous Operator Signature							Printed Name				Title Date -		

## 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

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.
- 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 mas transporter 3.

AG CG RT Change gas transporter
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
- Lease code from the following table:
  - Federal State

  - Fee Jicarilla

  - Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: 13.
  - Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14.
- 15. The permit number from the District approved C-129 for
- 16. MO/DA/YR of the C-129 approval for this completion
- 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.

- The UESTR 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. (Example:
- 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 24. (Example: Tank ,etc.)
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 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
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and 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.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 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.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 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
- MCF of gas produced during the test 43.
- Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:

  - Flowing Pumping 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.
- 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 47.