

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Bravo Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

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

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

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Chesapeake Operating, Inc. P. O. Box 54525 Oklahoma City, OK 73154-1525		OGRID Number 147179
		Reason for Filing Code NW RT Jan. 1996
API Number 30-0 25-33178	Pool Name Humble City - Strawn	Pool Code 33490
Property Code 17932	Property Name SHAW 15	Well Number 2

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
G	15	17S	37E		2100'	N	2310'	E	LEA

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
G	15	17S	37E		2100' 123	N	2310'	E	LEA
Lee Code P	Producing Method Code	Gas Connection Date 03-22-96	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
9171	GPM Gas Corporation 4044 Penbrook Odessa, TX 79762 (915) 368-1049	2817319	G	Sec 15, 17S-37E 2100' fnl & 2310' fel Lea Co., NM
18053	Pride Pipeline P.O. Box 2436 Abilene, TX 79604	2816974	O	Same
19797	Rowland Trucking Co. P.O. Box 340 Hobbs, NM 88240	2816974	O	Same

IV. Produced Water

POD	POD ULSTR Location and Description

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
11-16-95	01-16-96	11,740'	11,500'	11358'-11440'
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	
17-1/2"	13-3/8"	459'	440	
12-1/4"	3-5/8"	4,475'	1200	
7-7/8"	5-1/2"	11,720'	200	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cog. Pressure
1-17-96	3-24-96	3-24-96	24 hours	-	-
Choke Size	Oil	Water	Gas	AOF	Test Method
-	73	1	134	-	Swab

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: *Barry A. Langham*
Printed name: Barry A. Langham
Title: Production Engineer
Date: 4/13/96
Phone: (405) 840-3000

OIL CONSERVATION DIVISION
ORIGINAL SIGNED BY
GARY WINK
FIELD REP. II
Approved by:
Title:
Approval Date: MAY 09 1996

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 ULSR 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 this POD has no number the district office will assign a number and write it here.	
24.	The ULSR 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/D/A/YR drilling commenced	
26.	MO/D/A/YR this completion was ready to produce	
27.	Total vertical depth of the well	
28.	Plugback vertical depth	
29.	Top and bottom perforation in this completion or casing shoe and TD if openhole	
30.	Inside diameter of the well bore	
31.	Outside diameter of the casing and tubing	
32.	Depth of casing and tubing. If a casing liner show top and bottom.	
33.	Number of sacks of cement used per casing string	
34.	MO/D/A/YR that new oil was first produced	
35.	MO/D/A/YR that gas was first produced into a pipeline	
36.	MO/D/A/YR that the following test was completed	
37.	Length in hours of the test	
38.	Flowing tubing pressure - oil wells	
39.	Flowing casing pressure - oil 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:	F Flowing P Pumping S Swabbing If other method please write it in.
46.	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	
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 no longer operates this completion, and the date this report was signed by that person	
13.	The producing method code from the following table:	F Flowing P Pumping or other artificial lift
14.	MO/D/A/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/D/A/YR of the C-129 approval for this completion	
17.	MO/D/A/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 the transporter of the product	
20.	The number assigned to the POD from which this product will be transported by the transporter. If this is a new well office will assign a number and write it here.	
21.	Product code from the following table:	G Oil 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°.

Report all oil volumes to the nearest whole barrel.

A request for allowing a newly drilled or deepened well must be accompanied by a description of the deviation tests conducted in accordance with the following table:

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 operator 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 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