State Of New Mexico
Energy, Minerals and Natural Resources Department

AMENDED REPORT

District II 811 South 1st, Artesia NM 88210

District III 1000 Rio Brevos Rd. Aztec, NM 87401 District IV 2040 South Pacheco, Sante Fe NM 87505

# OIL CONSERVATION DIVISION

2040 South Pacheco Santa Fe, NM 87505

Form	C-104
Revised October 18	1994
instructions	on back
Submit to Appropriete Distric	f Office
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	A ENTERPRISES LTD. CO.  6 WEST ALABAMA BBS, NEW MEXICO 88242  4. APP Number 0-025-03510  EUMONT Y-SR-QU 1. Property Code 2. Property Name 2. North Peter Norm The 2. Property Name 2. Property Name 2. North Peter Norm The 2. Property Name 2. Property Name 2. North Peter Norm The 2. North Name 2. Property Name 2. North		124768								
HOBI	BS, NE	EW ME	EXICO	88242				1		3. Reason tr	or Filing Code
	- <u></u>	·		···						CH EFF	F. 4/1/98
30-	025-03	3510	-	EUM			עג טג			1 \ 1	
2	7. Property 347	Code 19			8. Property P	Name				9. Well	ii Number
II.	10. Śi	urface									
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Ut or lot no.						N-A					
Ut or lot no.	25	215	1 -	3	30	NO		165	50	East/West Line EAST	County LEA
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III.		and Ga			<del></del>						
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IV. Pr		d Wate	ər		or actions	· · · · · · · · · · · · · · · · · · · ·	Contrib				
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V. W			·								
				26 Ready Date		27 TD		28 PB	OTL	29 Perforations	30 DHC, DCMC
	31 Hole Stz	:•		32 Casing	& Tubing Size	<u> </u>	<del></del>	33 Depth	Set		24 Sacks Cement
							<del></del>				
VI. W	Vell Te	st Data	l a			!	<u> </u>	<del></del>			
				36 Gas Delivery Date	1	37 Test Dat	te	38 Teet Le	angth	39 Tbg. Pressure	40 Cag. Pressure
	41 Choke 8	Size		42 OI		43 Water		44 Ga	18	45 AOF	46 Test Method
knowledge Signature:	and helief.	etter green.	alles	Lander	it my		Approved t	<sub>py:</sub> OR	RIGINAL	್ ೬೯೮೪ ವರ್ಷ ವರ್ಷ ನಾಗ	. NPA
Printed Na	gett	<u>-</u>	Tlex	ander				3			
Title:	Panc	290					Approval De	ite;	L.	UL 05 1998	
Date:	-6.5	78		(505) 392	1.270	2					
47 11 11 10	e change of	operator fill in	n the OGRIC	D number and name of the			HEAR	<b>-</b>	Α	AGENT	5/6/98
CHAN	•	perator Signati		OGRID#0	P	Printed Nam				Title	0/0/90 Date

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico nergy, Minerals and Natural Resources Depar

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

#### **OIL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	BEO	HESTE		I ()\/\	DI E AND	AUTHORI	7.ATION	J		
I.	neu		_			TURAL G		N		
Operator				J. 11 O.				II API No.		
Chance Properties								30-025-0	3510	
Address c/o Oil Reports (P.O. Box 755, Ho	& Gas S	ervice	s, In	c.						
Reason(s) for Filing (Check proper box)	ous, Rr	0024	<u> </u>		Out	net (Please expl	zin)			
New Well		Change_in	Тимиро	rter of:	_	•	•			
Recompletion	Oil	. 🔼	Dry Ga	. 📙	Ellec	tive 11/	1/93			
Change in Operator	Casinghe	ad Gas	Conden	state						
If change of operator give name and address of previous operator	·-·						·			
II. DESCRIPTION OF WELL	AND LE	ASE								
Lease Name			Pool Na	me, Includ	ing Formation	······································		d of Lease	• -	ease No.
Gulf Orcutt		11	Eur	nont Ya	ates SR-	Qu ·	Stat	a, Plant With	B-	-244
Location Unit LetterB	_ ;	330	. Feet Fro	om The	North Lin	e and16	550	Feet From The	East	Line
Section 25 Townshi	ip 21	S	Range	35E	, NI	мрм,		_	ea	County
III. DESIGNATION OF TRAN	JCP()PTI	PERMIT	ينجمه ک	<b>M</b> ATE	DAI_CAC					
Plame of Authorized Transporter of Oil	<del>- XX</del>	or Conden	Mictiv	7 - Pen 14 1-94	Address (Giv	e address to wh	ich approv	ed copy of this f	orm is to be s	ent)
EOTT Oil Pipeline Con		NERGO	$T \subset C$	(NP)	P.O. Bo	ox 4666.	Housto	on. TX 77	210-4666	5
Name of Authorized Transporter of Casin GPM Gas Corporation	ghead Gas	<b>XX</b>	or Dry C	3es	Address (Giv 4001 Po	e address to when brook,	ich approvi Odessa	ed copy of this f 1, TX 797	form is to be se 62	ent)
If well produces oil or liquids, give location of tanks.	Unit   B	Sec. 25	Twp. 21S	Rge.	ls gas actuall	y connected? Yes	Who	m? cior to 9	/1/60	
if this production is commingled with that IV. COMPLETION DATA	from any ot	her lease or p	pool, give	comming	ing order numb	ber:				
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.	<del></del>	
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	rmation		Top Oil/Gas I	Pay		Tubing Depth		
Perforations	<u> </u>				<u> </u>			Depth Casin	g Shoe	
	7	UBING.	CASIN	G AND	CEMENTIN	NG RECORI	<del></del>		<del></del>	
HOLE SIZE	7	SING & TU				DEPTH SET			SACKS CEM	ENT
	ļ									
	-							·		
		· · · · · · · · · · · · · · · · · · ·								
. TEST DATA AND REQUES								<u></u>	····	<del></del>
OIL WELL (Test must be after re Date First New Oil Run To Tank			f load oil	and must	be equal to or	exceed top allow	vable for th	is depth or be f	or full 24 how	rs.)
Date First New Oil Kun 10 lank	Date of Te	st ·			Producing Me	thod (Flow, pun	np, gas lift,	elc.)		
length of Test	Tubing Pre	ssure			Casing Pressur	re		Choke Size		J
Actual Prod. During Test	Oil - Bbls.		**		Water - Bbls.			Gas- MCF		
GAS WELL	<u> </u>		<del></del>	i		-				
Actual Prod. Test - MCF/D	Length of	l'est			Bbis. Condens	ate/MMCF		Gravity of C	ondensate	-
esting Method (pitot, back pr.)	Tubing Pre	ssure (Shut-i	n)		Casing Pressur	re (Shut-in)	<del></del>	Choke Size		
J ODED ATOD CEDTIEIC	ATTE OF	COLE	TANT	715		· · · · · · · · · · · · · · · · · · ·	<del></del>	<u> </u>		
/I. OPERATOR CERTIFIC, I hereby certify that the rules and regula				E	0	IL CON	SERV	ATION [	OIZIVIC	iN
Division have been complied with and t	hat the infor	mation gives	above	İ						, ,
is true and complete to the best/of my k	nowledge an	d belief.		l	Date	Approved	NUV 1	[ 2 1993		
Jala Holl	<u></u>				D., O	micial Ci	CNED BY	Y JERRY SEX	TON	
Laren Holler - Agent					Ву_С	DISTR	ICT I SU	PERVISOR	.•	
Printed Name 11/9/93	(505	393-			Title_			· · · · · · · · · · · · · · · · · · ·		
ar mile		Telepi	hone No.	ı	1					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed well

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		IO IRA	MOP	וט ואכ	L AND NA	TUHAL G						
Operator Chance Properties							Well	API No.	12510			
Address c/o Oil Report	s & Gas So	ervice	s. In	C -		···		30-025-0	3510			
P.O. Box 755,												
Reason(s) for Filing (Check proper l			· · · · · · · · · · · · · · · · · · ·	·	Oth	et (Please exp	lain)					
New Well		Change in	Ттальро	rter of:	Fffoo	+: 11/	1 /02					
Recompletion	Oil		Dry Ga		FILEC	tive 11/	1/93					
Change in Operator	Casinghea	d Gas	Conden	sate								
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WE	ELL AND LE	A S.F.										
Lease Name			Pool Na	me, Includ	ing Formation		Kind	of Lease	L	ease No.		
Gulf Orcutt		1			ates SR-	Qu	State	, <b>Pedaga</b> Barri	ak ∣ R-	-244		
Location							· · · · · · · · · · · · · · · · · · ·			<u> </u>		
Unit Letter B	:	330	Feet Fro	om The	North Lin	e and1	650 F	eet From The	East	Line		
G 2 E		7	_	257								
Section 25 To	wnship 215	<u> </u>	Range	35E	, N	МРМ,		L	ea	County		
III. DESIGNATION OF T	RANSPORTE	R OF O	IL ANI	NATU	RAL GAS							
Name of Authorized Transporter of (	15	or Conder			Address (Giv	e address to w	hich approve	d copy of this f	orm is to be se	int)		
EOTT Oil Pipeline				$\nu R \rho$	P.O. B	ox 4666.	Housto	n, TX 77	210-4666	i		
Name of Authorized Transporter of GPM Gas Corporation	Casinghead Gas 11	XX	or Dry (	Gas	Address (Giv	e <i>address to w</i> enbrook,	<i>hich approve</i> Odessa	d copy of this f	iorm is to be se 62	int)		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actuali	<del></del>	When	·		<del></del>		
give location of tanks.	В	25	21S	35E		Yes		ior to 9	/1/60			
f this production is commingled with	that from any oth	er lease or	pool, give	comming	ing order num	ber:						
IV. COMPLETION DATA		- <del>,</del>			·			,				
Designate Type of Comple	tion - (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Comp	ol. Ready to	Prod.		Total Depth		l	P.B.T.D.	<u>L </u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	nducing Fo	rmation		Top Oil/Gas	Pav		Tubing Dep				
aiovedous (D1 , IdiD; N1 , ON, Eic.)	Thank of 11	concerns 1	AII MUOU			,		rubing Deput				
Perforations					<del> </del>			Depth Casin	g Shoe			
· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·							
					CEMENTI		D	· · · · · · · · · · · · · · · · · · ·				
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
			· · · · · · · · · · · · · · · · · · ·					<u> </u>	· · · · · · · · · · · · · · · · ·			
								<del> </del>		<del></del>		
V. TEST DATA AND REQ	<b>UEST FOR A</b>	LLOWA	ABLE		<u> </u>			<del></del>	<del></del>			
<u> </u>	fier recovery of to	tal volume	of load oi	il and must			<del></del>		for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Tes	ŧ			Producing Me	thod (Flow, pu	mp, gas lift,	elc.)				
Length of Test	Tubing Pres	SSIP.			Casing Pressu	re		Choke Size				
<b></b>	1.00											
Actual Prod. During Test	Oil - Bbls.		·		Water - Bbis.			Gas- MCF				
GAS WELL	L				<u> </u>	<del></del>	<del></del>					
Actual Prod. Test - MCF/D	Length of T	est		<del></del>	Bbls. Conden	mte/MMCF		Gravity of C	Condensate			
Testing Method (pitot, back pr.)	Tubing Pres	ssure (Shut-	-in)		Casing Pressu	re (Shut-in)		Choke Size				
VI. OPERATOR CERTIE		COM	TIANY	CE								
I hereby certify that the rules and t				CE		DIL CON	ISERV.	ATION I	DIVISIO	N		
Division have been complied with	and that the inform	mation give					NOV.	0.4003				
is true and complete to the best/of	my knowledge an	d belief.			Date	Approve	d NUV 1	2 1993				
Waln Ho	VV.					. 1pp: 0 4 G		IEBBY CE	KTON			
			-		Bv (	ORIGINAL S	IGNED BY	PERVISOR				
Signatur Holler - Ager	nt				-, -	דפום	RICT 1 34	- <del> </del>				
Printed Name 11/9/93	(505	393-	Title 2.72.7		Title_				·			
Date	(303		phone No							· · ·		
					11							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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Submit 5 Copies
Appropriate District Office
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Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

### **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

000 Rio Brazos Rd., Aztec, NM 8741	REQU					AUTHOR TURAL G				
perator	,			<u> </u>				API No.		
Chance Prope		Can Son		a Inc						
P.O. Box 755	, Hobbs				1					
eason(s) for Filing (Check proper box	)	Change in	Tennen	orter of:	Oti	ner (Please exp	lain)			
ecompletion	Oil		Dry G		ኮff.	ective 6/	/1/92			
hange in Operator	Casinghe	ad Gas 🔲	Conde	nsate 🗌		ective o	1/32			
change of operator give name d address of previous operator	lverine	Oil & 6	Gas (	Co., In	c., One	Riverfro	ont Plaz	a, Grand	Rapids	, MI 495
. DESCRIPTION OF WEL	L AND LE	ASE.								26
ease Name Gulf Orcutt		Well No.		lame, Includ	ing Formation	Rivers Qu	_	of Lease XXXXXXXXXX	l l	ease No. 244
ocation	220					1656			<b>-</b>	· · · · · ·
Unit Letter B	:		Feet F	rom The No	irth Lir	ne and	Fe	et From The	East	Line
Section 25 Towns	ship 21S		Range	35E	, N	MPM, Lea	3			County
	Nanobar			·						
I. DESIGNATION OF TRA tame of Authorized Transporter of Oil		or Conden		DNATU		ve address to w	hich approved	copy of this fo	orm is to be se	int)
Shell Pipeli	1X X 1	ration			I I	30x 1910 ,				,
lame of Authorized Transporter of Cas GPM Gas Corp		XXXX	or Dry	Gas		we address to w Penbrook,				ent)
well produces oil or liquids, ve location of tanks.	Unit	: :	Twp.	•	Is gas actual	ly connected?	When		/1 /60	
this production is commingled with th	at from any od	25 her lease or r	21 S	ye comming	Yes	ber:	Pr	ior to 9	/1/60	<del></del>
V. COMPLETION DATA	<b>_ _</b> ,		~~, <b>g</b>							
Designate Type of Completic		Oil Well	i	Gas Well	<u> </u>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
ate Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.		
evations (DF, RKB, RT, GR, etc.)	Name of P	Producing Fo	rmation	<u> </u>	Top Oil/Gas	Pay		Tubing Depth		
erforations					1			Depth Casin	g Shoe	
		TUBING,	CASI	NG AND	CEMENTI	NG RECOR	SD.	·		
HOLE SIZE	CA	SING & TU	BING S	SIZE		DEPTH SET	•		SACKS CEM	ENT
			<del></del>			<del> </del>		<del> </del>		
TEST DATA AND REQUIL  IL WELL (Test must be afte	EST FOR A	ALLOW A	BLE	oil and musi	the equal to or	exceed top all	owable for thi	s depth or be t	for full 24 hou	rs.)
ate First New Oil Run To Tank	Date of Te		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01 0.23		ethod (Flow, p				
		•			G : B			Choke Size		
ength of Test	Tubing Pro	essure			Casing Press	ure		Choke Size		
ctual Prod. During Test	Oil - Bbls.				Water - Bbls	•		Gas- MCF		
GAS WELL					<u> </u>					
ctual Prod. Test - MCF/D	Length of	Test			Bbls. Conder	sate/MMCF		Gravity of C	Condensate	
esting Method (pitot, back pr.)	Tubing Pro	essure (Shut-	in)		Casing Press	ure (Shut-in)		Choke Size		
I. OPERATOR CERTIFI				NCE			JCEDV.	ATION I	טואופוכ	NI I
I hereby certify that the rules and reg Division have been complied with an				•			NOLIT VI			
is true and complete to the best of m			** #****	-	Date	Approve	hd	JU	L 10.9	4
۷۸ ، ۱۱	17				Dale				VTON	
Wenni Hol	L				∥ By_		L SIGNED	BY JERRY	5€X1UN	
Donna Holler			gent			OKIGHA	HETRICT IS	Obream	1.	
Printed Name 7/7/92			Title २०२	2727	Title					
Date 1/1/92			shone N							

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