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District I 1625 N. Frend District II	State of New Mexico Energy, Minerals & Natural Resourc					urces	Form C-10 Revised March 25, 1999						
<u>District II</u> 811 South First, Artesia, NM 88210 District III				OIL CONSERVAT 2040 South					ION	Submit to Appropriate District Office			
1000 Rio Braz District IV	zos Rd., A	ztec, NM 874	410		San	ta Fe,	NM 87	505			Г		5 Copi
2040 South Pa	-	•		2 AT	IOWAR	ΓF Δ		מטתי	17 A TT	ON TO TR			ENDED REPOR
	<u> </u>				me and Address						ANSP <sup>3</sup> OGF	UD Numi	ber
					cces, LL( Midland		TONONAL			160620			
Р.О. Во			x 11150, Midland, TX				THIS OF DEC			<sup>3</sup> Reason for Filing Code RC			g Code
<sup>4</sup> API Number 30 - 025 - 34523			Warren East (Tubb)				TO AUTHORIZATIO			4050 87085			
<sup>7</sup> Property Code			8				Property Name			DO ANTAE Vell Number			
	4716 Surface	Location		as la	and "18"	Fee				107 6		2	· · · · · · · · · · · · · · · · · · ·
Ul or lot no.	Section	Township	Rang	e	Lot.Idn	Feet fro			with Line	Feet from the	East/W	est line	County
F	18	20\$	391	E		20	80	Nor	th	1880	West		Lea
		Hole Lo				r							
UL or lot no. F	Section 18	Township 20S	<b>Rang</b> 391		Lot Idn	Feet fro 20	nn the 80	North/S	outh line th	Feet from the 1880	East/W West		County Lea
<sup>12</sup> Lse Code P	<sup>13</sup> Produ	cing Method C F			Connection Date	15	C-129 Permi	t Number		<sup>16</sup> C-129 Effective	 Date	" C-	-129 Expiration Date
III. Oil a	nd Gas	Transpor	ters			<u></u>		·····				L	
<sup>18</sup> Transpor OGRID			<sup>19</sup> Transporter Name and Address				<sup>20</sup> POD <sup>21</sup> O/G		<sup>23</sup> POD ULSTR Location and Description				
013063	013063 Lantern Petroleum Corp. P.O. Box 2281			n Corp.	2	8240.33		0	-				
			_TX_79702							ULK, 18-205-39E			
024650 Dynegy M P.O. Box							324034 G						
			a, OK 74102					ULK, 18-20S-39E					
<u>.</u>			· · ·										
								!					
V. Produ		ater											
	OD		••				<sup>24</sup> POD ULSTR Location and Description						
2822710 7. Well C	Tomple		к, 18-	-205	5-39E			·					
<sup>28</sup> Spud			Ready Dat	e		" TD		* PB1		"Perfora	tions	1	* DHC, MC
		1/01 7615'				6860'		6660-68	24				
12 1/4	n Hole Size	<del></del> ,	<sup>32</sup> Casing & Tubing Size 8 5/8			Size	<sup>33</sup> Depth Set 1647 '				705	<sup>34</sup> Sacka	Cement
$\frac{12}{7}$ $\frac{1}{7}$			5 1/					. <u>647</u> 614'			725	0	
5 1/2"		2 3/8"				6578'				NA			
7. Well							<u>I</u>			<u>1</u> .			<u> </u>
* Date New Oil 6/01/01		<sup>34</sup> Gas Delivery Date 6/01/01		e	" Test Date 6/09/01		<sup>34</sup> Test Len 24 hrs.		-	" Tbg. Pressure 375			" Cag. Pressure
41 Choke Size		41 Oll			4 <sup>0</sup> Water		4 Gas			4 AO	F	+	" Test Method
25/64" I hereby certify that the rules of the Oil			11 52   Conservation Division have been complied						F NSERVATION DIVISION				
nowledge and be		given above is a	true and con	mplete	to the best of my	,				INDER YAL		1910	
ignature: CEPP						Approved by: Orig. Starter 23							
rinted mame: Christopher P. Renaud							Indie: <b>Ge</b> ologiat						
YP Engineering   Date: 6/18/01 Phone: 915-683-5533						3	Approval D	alt: 	<del></del> .			10- 10-	
		tor fill in the (			nd name of the		operator			<u> </u>			
<u> </u>	Deanland	)					<b>P</b> . 1. 4	N					
	rrevious (	perator Signat	ture				Printed	ivame			Titl	e	Date

## 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 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 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 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.

3.

12.

SP

J N U

- 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 gas transporter RT 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.
- 8. The property name (well name) for this completion.
- 9. The well number for this completion.
- 10. 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.
- 11. The bottom hole location of this completion.

Lease F	code from	the	following	table:
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- State Fee Jicarilla
- Navajo Ute Mountain Ute Other Indian Tribe
- 13. The producing method code 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. 14.
- 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 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 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.). 22.
- 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.

- 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 Tank", etc.). 24.
- 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.
- Write in 'DHC' if this completion is downhole commingled with another completion or 'MC' if there is more than one non-commingled completion in this well bore. Attach actual completed well bore diagram. 30.
- 31. Outside diameter of the casing and tubing.
- Depth of casing and tubing. If a casing liner show top and bottom. 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.
- 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:

	Liomüğ
)	Pumning

S 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.

