PO Box 1960, Hobbs, NM \$3241-1960

District II

State of Preminded Department

. rorm C-104

Revised February 10, 1994

Instructions on back

100 Drawer DD, Artesia, NM \$2211-0719 OIL CONSERVATION DIVISION

Submit to Appropriate District Office 5 Copies

District III PO Box 2088 Santa Fe, NM 87504-2088 1000 Rie Branes Rd., Antec, NM 87410 District IV AMENDED REPORT PO Box 2088, Santa Fe, NM 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address OGRID Number CHANCE PROPERTIES 004058 c/o Oil Reports & Gas Services, Inc. Reason for Filing Code P. O. Box 755 JUN 01 1996 Hobbs, NM 88241 CO API Number Pool Name Pool Code 30 - 0 25 - 28527 Jalmat Tansill-Y-SR 33820 Property Code Property Name Well Number 002512 Federal 20 1 10 Surface Location II. Ul or lot no. Section Township Range Feet from the North/South Line | Feet from the East/West line County 20 36E 990 South 2310 West 11 Bottom Hole Location Lea UL or lot me. Section Towaship Lot Ida Feet from the North/South line Feet from the Rest/West Had County 20 235 36E 990 South 2310 West 13 Lee Code 1 Producing Method Code " Gas Connection Date 14 C-129 Permit Number " C-129 Effective Date if C-129 Expiration Date F S III. Oil and Gas Transporters Transporter 19 Transporter Name " POD 14 O/G " POD ULSTR Lecation OGRID and Address and Description KOCH OIL COMPANY 012852 0701410 0 N-20-23S-36E P. O. BOX 2256 WICHITA. KS 67201-2256 IV. Produced Water POD M POD ULSTR Location and Description Well Completion Data Spud Date " Ready Date m TD " PBTD " Perforations " Hole Size 31 Casing & Tubing Size 12 Depth Set " Sacks Cement VI. Well Test Data Date New Oil M Gas Delivery Date " Test Date " Test Length M Thg. Pressure 3º Cag. Pressure " Choke Size 4 OII 4 Water 4 Gau " AOF " Test Method " I hereby certify hat 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 OIL CONSERVATION DIVISION knowledge and belief Signature: MOTXI Vayi Heard Approved by: Printed name: Title: GĂYE HEARD Title: MANAGER Approval Date: MAY 23 1996 Date: Phone: 505-393-2727 " If this is a change of operator fill in the OGRID number and name of the previous operator Previous Operator Signature Printed Name Title Dale

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 bar

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.

- Operator's name and address 1.
- Operator's OGRID number. If you do not have one it will be sesigned 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 cil/condensate transporter

 CO Change cil/condensate transporter

 AG Add ges 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

- Б. 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
- 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: 12. Federal State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe Ň
- The producing method code from the following table: F Flowing Pumping or other artificial lift 13.
- MO/DAYR that this completion was first connected to a gas transporter 14.
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- 18. The gas of 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
 Q 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.
- The POD number of the storage from which water is moved from this property. If this is a new well or recomplation 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 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
- 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 hottom
- 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.

- MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed 38.
- 37 Length in hours of the test
- 38. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- 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
- Gas well calculated absolute open flow in MCF/D
- The method used to test the well:

 F Flowing
 P Pumping
 S Swabbing
 If other method please write it in. 45.
- 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 48.
- 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.