

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

State of New Mexico
Energy, Minerals & Natural Resources Department

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Echo Production, Inc. PO Box 1210 Graham, Texas 76450		OGRID Number 006742
		Reason for Filing Code A G, effective 7/1/00
API Number 30 - 025-34901	Pool Name Triste Draw - Delaware	Pool Code 59930
Property Code 25280	Property Name Corsair 27 Federal	Well Number 1

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
0	27	23S	32E		330'	south	1980'	east	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
Lea Code F	Producing Method Code P	Gas Connection Date 7/1/2000	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
138648	Amoco Pipeline ICT 502 NW Avenue Levelland, TX 79336	2825959	O	Well Site
036785	Duke Energy Field Services, LP PO Box 50020 Midland, TX	2827104	G	Well Site

IV. Produced Water

POD	POD ULSTR Location and Description
2825960	Well Site

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
2/21/00	5/9/00	8980	8919	8404-8580
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	
17 1/2	13 3/8"	603	365 sx 35/65 POZ 'C'	
11	8 5/8"	4800	1625 sx	
7 7/8	4 1/2"	8988'	600 sx 50/50 POZ 'H'	
4 1/2	2 7/8" (tbgr)	8250'		

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
5/9/00	7/1/00	5/12/00	24 hrs	----	----
Choke Size	Oil	Water	Gas	AOF	Test Method
----	96	255	70	70	P

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: <u>Tom Golden</u>		OIL CONSERVATION DIVISION Approved by: <u>[Signature]</u> Title: <u>DAVE WILK</u> Approval Date: <u>FEB 01 2001</u>	
Printed name: Tom Golden Title: Operations Manager Date: 11/27/00 Phone: 940-549-3292			
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	

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.

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 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.

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

2. 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.

3. The bottom hole location of this completion

4. Lease code from the following table:

F	Federal
S	State
P	Fee
J	Jicarilla
N	Navajo
U	Ute Mountain Ute
I	Other Indian Tribe

5. The producing method code from the following table:

F	Flowing
P	Pumping or other artificial lift

6. MO/DA/YR that this completion was first connected to a gas transporter

7. The permit number from the District approved C-129 for this completion

8. MO/DA/YR of the C-129 approval for this completion

9. MO/DA/YR of the expiration of C-129 approval for this completion

10. The gas or oil transporter's OGRID number

11. Name and address of the transporter of the product

12. 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.

13. Product code from the following table:

O	Oil
G	Gas

22. 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.)

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 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.)

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 bottom.

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

38. Flowing tubing pressure - oil wells
Shut-in tubing pressure - gas wells

39. Flowing casing pressure - oil wells
Shut-in casing pressure - gas 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 his report was signed by that person