

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

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 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. ¹⁰ 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

¹¹ 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
' Lac 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	' PBTB	' 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" (tbg)	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: <i>Tom Golden</i>		OIL CONSERVATION DIVISION Approved by: <i>[Signature]</i>	
Printed name: Tom Golden			
Title: Operations Manager		Approval Date: DEC 01 2000	
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

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

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

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

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

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

The gas or oil transporter's OGRID number

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.

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 in 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 his 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