

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

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address CHAPARRAL SWD LP POST OFFICE BOX 755 HOBBS, NEW MEXICO 88241		OGRID Number 004094
		Reason for Filing Code CO EFFECTIVE 01/01/95
API Number 30 - 025 - 27682	Pool Name SAN ANDRES SWD	Pool Code 96121
Property Code 002533	Property Name LEA	Well Number 002

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
A	17	23S	37E		850	NORTH	950	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
A	17	23S	37E		850	NORTH	950	EAST	LEA
Lac Code P	Producing Method Code SWD	Gas Connection Date	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
004094	CHAPARRAL SERVICES, INC. POST OFFICE DRAWER 1769 EUNICE, NEW MEXICO 88231	2808612	0	B-17-23S-37E

IV. Produced Water

POD	POD ULSTR Location and Description

V. Well Completion Data

Spud Date	Ready Date	TD	PSTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

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>Laren Holler</i>		OIL CONSERVATION DIVISION ORIGINAL SIGNED BY GARY WINK FIELD SUPERVISOR	
Printed name: LAREN HOLLER		Title:	
Title: AGENT		Approval Date: DEC 14 1995	
Date: 12/07/95	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	Date

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/D/A/YR drilling commenced	
26.	MO/D/A/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	
34.	MO/D/A/YR that new oil was first produced	
35.	MO/D/A/YR that gas was first produced into a pipeline	
36.	MO/D/A/YR that the following test was completed	
37.	Length in hours of the test	
38.	Flowing tubing pressure - oil wells	
39.	Flowing casing pressure - oil 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 made, 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 this report was signed by that person	
13.	The producing method code from the following table: F Flowing P Pumping or other artificial lift MO/D/A/YR that this completion was first connected to a gas transporter	
14.	The permit number from the District approved C-129 for this completion	
15.	MO/D/A/YR of the C-129 approval for this completion	
16.	MO/D/A/YR of the expiration of C-129 approval for this completion	
17.	The gas or oil transporter's OGRID number	
18.	Name and address of the transporter of the product	
19.	The number assigned to the POD from which this product will be transported by the 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: G Gas O Oil	
21.		