PO Box 1980, Hobbs, NM 88241-1980

District II

20 Drawer DD, Artesia, NM \$8211-9719

District III
1000 Rie Brasse Rd., Astec. NM 87410

OIL CONSERVATION DIVISION
PO Box 2088

State of the second Reserved Department

Revised February 10, 1994 Instructions on back Submit to Appropriate District Office

5 Copies

District IV	-			Santa I	Fe, NM	1 87504	I-2088				П АМІ	ENDED REPORT
PO Box 20 <b>68, S</b> [.		EQUEST	FOR A	LLOWAE	LE A	VD AU	THOR	IZAT	ON TO T	- RANS	_	
Operator name and Address CHANCE PROPERTIES									<sup>1</sup> OGRID Number			
c/o Oil Reports & Gas Services, Inc.									004058  Reason for Filing Code			
P. O. Box 755 Hobbs, NM 88241									_			
*API Number *Pool Name									CO 9/27/95			
30 - 025-	11588	j	Langlie Mattix SR-QU-GB					3	37240			
' Pr	operty Cod	•		' P	roperty Na	у Наше				' Well Number		
00251			Federal "B"									2
		Location							···		· · · · · · · · · · · · · · · · · · ·	
Ul or lot me. Section		Township	Range	Lot.Idn	Feet from	a the	North/South Line		Feet from the	East/W	ast/West line County	
H 11 7	14	25S	37E	<u></u>	10	550	50 North		330	Ea	East Lea	
UL or lot no. Section Township					D 44	Foot from the No						
H	14	25S	37E	Locida			North/South line		Feet from the	1	est line	County
12 Lee Code		ing Method Code		Connection Dat		550 -129 Perm	North Mumber		330 C-129 Effective 1		East Lea  " C-129 Expiration Date	
F P		_	2/4/59						Colty Expire		The Principle Care	
III. Oil and Gas Transporters											· · · · · · · · · · · · · · · · · · ·	
"Transporter OGRID		19 Transporter Name and Address				" POD		31 O/G	2 POD ULSTR Location			
		Pride Pipeline Co.				0702310		0	and Description H-14-25S-37E			
		O. Box 2436							N-14-235-37E			
9		bilene, TX 79604 id Richardson Gasoline Co.				A Control of the Cont						
020809 lst City		st City Banl	Bank Tower			0702330 G			A-14-25S-37E			
		01 Main Str ort Worth,	street th, TX 76102									
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V. Produ	iced Wa	ater						25.53.53		<del></del>		
	POD			<del></del>		POD UL	STR Locati	on and D	escription			· · · · · · · · · · · · · · · · · · ·
V. Well (												
N Spud Date			M Ready Date					* PBTD		2º Perforations		
* Hole Size			31 Casing & Tubing Size			<sup>21</sup> Depth Set						
HOR BILE			Casing at 145mg 5th				Depta Set			<sup>20</sup> Sacks Cement		
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/I. Well	Test Da	ata	<del>· - · - · - · - · - · - · · · · · · · ·</del>		<del></del>			<del></del>				
			Delivery Date Mark Test Date				" Test Len	" Tog. Pro	mau re	1 :	Cag. Pressure	
								-				
" Choke Size		40	4 Oil 4 Water			<sup>d</sup> Gas			" AOF			" Test Method
* I bereby certify that the rules of the Oil												
I bereby certif with and that the	y that the ru information	iles of the Oil Cor a given above is tr	ascrvation D rue and com	ivision have been plete to the best (	of my		OII	CO	JCEDVATI	ON D	TVÍCI	ON
knowledge and b Signature;	ellef.		Ce Ce		•			16	NSERVATI		SOCTO P	N <sub>11</sub>
	Ju	ln 13	Ell			Approved	b by:	ر 	Similar (1914)	.,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	n	
Printed same: Laren Holler							Tide:					
Title:	Agent	: 			Approval Date:				OCT <b>04 1935</b>			
	29/95			05-393-2								
" If this is a ch	suge of ope	erator fill in the (	OGRID au	nber and name	of the prev	ious operat	ar					
	Previous (	Operator Signatu	re		-	Printe	d Name			Tit	Je	Date
										• • •	_	

## New Mexico Oil Conservation Division C-104 Instructions

## 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 assigned and filled in by the District office. 2.
- 3.

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
- The name of the pool for this completion 5.
- 8. The pool sade 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.
- The bottom hole location of this completion 11.
- Lease code from the following table: 12.

Federal State Fee Jicarilla SPJNU

Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table: F Flowing Pumping or other artificial lift 13.
- 14. MO/DA/YR that this completion was first connected to a
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- 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.
- 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. 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.
- MO/DA/YR drilling commenced 25.
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- Plugback vertical depth
- Top and bottom perforation in this completion or easing shoe and TD if openhole 29.
- 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
- 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.

- MO/DA/YR that new oil was first produced 34
- 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 well 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:

F Flowing
P Pumping
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.

