District I PO Box 1980, Hobbs, NM 88241-1980

State Of New Mexico Energy, Minerals and Natural Resources Department

District II 811 South 1st, Artesia NM 88210

1000 Rio Bravos Rd. Azlec, NM 87410

OIL CONSERVATION DIVISION

2040 South Pacheco

rom C-	104
Revised October 18, 19	94
Instructions on E	mack
Submit to Appropriate District O.	ffce
5 Cook	

District IV 2040 South	Pacheco, Se	anta Fe NM (37505			Santa	IFO, NM	8/505			لــا	AMENDE	D REPORT	
		REQU	EST I	FOR A	LLOV	VABLE	AND	AUTH	IORIZ.	ATION	TO TRA			
1. Operator name and Address CHANCE PROPERTIES									2. OGRID Number					
c/o OIL REPORTS & GAS SERVICES, INC.									004058					
P. O. BOX 755 HOBBS, NEW MEXICO 88241										3. Reason for Filing Code				
пО	, coo		/IEXIC	U 662	4 1					CO-	EFFECTIVE 0	9/01/98		
4. API Number 5. Pool Name 30 – 025 – 11674 JALMAT T – Y – SR										6, Pcol Code 33820				
7. Property Code 8. Property No.						l ame				9. Well Number				
<u> </u>	020814 A. B. COATES							 			#001			
Ut or lot no	Section	Township		ON Lot. Idn.	Feet fro	om the	North/	North/South Line Feet from		n the	East/West Line		County	
D	21	258	37E		66	0	Nor	North 66		0	West		Lea	
Ut or lot no		ttom i	1016 L	OCATIO	n Feet fro	om the	North/	South Line	Feet from	n the	East/West Line		County	
D	21	258	37E		66		Nort	North		0	West		Lea	
12 Le Cod	P	that Code		14. GasConnosio	e Date	15.C-12V	Pornit Namber		16. C=129 illi on	Me Date		17. C-129 Reploca	des Date	
111.	Oil a	and Ga	s Trar	nsport	ers									
18 Transporter 19 Transporter Name 20 PCD 21 O/G 22 PCD ULSTR Location OGRID and Address 20 PCD 21 O/G 22 PCD ULSTR Location and Description														
1717	71	I .	EXAS CR BOX 111	UDE OIL	TRANSP	ORT, INC		18980	1 0	0		D-21-258-37E		
		KERM	IIT, TX 7	9745										
0000				RDSON GASOLINE CO.						6		D 04 050		
0208	0 9	201 MA FORT V		ST. RTH, TX 76102				18980	30	G	j	D-21-2!	00-37E	
				· · · · · · · · · · · · · · · · · · ·										
							·							
		r												
	V. Produced Water													
	23 POD 24 POD ULSTR Location and Description													
V. We	ell Con	npletic	n Data	a										
	25 Spud Da	te		26 Ready D	a te		27 TD	27 TD 28 P			29 Perforation	18	30 DHC, DOMC	
	31 Hole Siz	99		32 Casing & Tubing Size				33 Depth Set				Sacks Cement		
												·		
VI. W	ell Tes	t Data	<u> </u>	1										
35 Date New Oil 36				36 Gas Delivery Date 37 Test Date				38 Test Length		39 Tbg. Pressure		40 Cag. Pressure		
41 Choke Size				42 Oil			43 Water	ter 44 Gas		as	45 AOF		46 Test Method	
I heret	y certify that	t the rules of	Oil Conserv	ration Divisio	n have been	n complied		Γ	<u> </u>					
knowledg	e and belief	rmation give:				best my			d b		INSERVATION DI			
Signature: House Heard Printed Name:								Approved D'RIGINAL SIGNELL OF CERTS WILLIAMS DISTRICT I SUPERVISOR						
										· · · · · · · · · · · · · · · · · · ·				
GAYE HEARD								Approval Date: ALIC D = 1000						
AGENT Date: Phone:								AUG 25 1998						
	08/10				11	393-								
47 If this i	s a change o	of operator f	iii in the OGF	HID number	and rame o	r the previou	us operator							
	Previous Op	perator Sign	ature				Printed Nan	ne	 		Title		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 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.

- 1. 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. 2.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator (include the effective date.)

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.

If for any other reason write that reason in this box.

- 4. The API number of this well
- 5. 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.
- The bottom hole location of this completion 11.
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla
 N Navajo
 U Ute Mountain Ute
 I Other Indian Tribe 12.

- 13. The producing method code from the following table: Flowing 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 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- 17. MO/DA/YR of the expiration of C-129 approval for this
 - 18. The gas or 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
 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 POP 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
- MO/DA/YR this completion was ready to produce 26.
- 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
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.

- Inside diameter of the well bore 31.
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and bottom.
- 34. Number of sacks of cement used per casing string

If 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.

- 35. MO/DA/YR that new oil was first produced
- 36. MO/DA/YR that gas was first produced into a pipeline
- 37. MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- 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
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. 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.
- 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 this report was signed by that person 48.

