Form C-104 CAF

Revised February 10, 1994

Instructions on back of Submit to Appropriate District Office

5 Copies 67

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NO Drawer DD, Artesia, NM 88211-0719	IL CONSERVATION DIVISION
District III	PO Box 2088
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87504-2088
District IV	Santa 1 C, 14141 87304-2086

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	AMENDED	
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1000 Rio Brazo: District IV	Rd., Aztec,	NM 87410		Santa F	e, NM 8	7504-2088				J Copies	
PO Box 2068, S										AMENDED REPORT	
	RI				LE AND	AUTHOR	IZATI	ON TO TE			
Shahara Oil Corporation					¹ OGRII						
P.O. Box 3232									143119		
							Reason for Filing Code				
CARISDAD, NEW, MEXICO 88221-3232 CH								8-1-95 ' Pool Code			
30-015-23405 GRAY BURG JACKS						SON 7 R)	7 RVS-AN-GB-SA 28509			509	
912+17367 MADDEN E FED									1 .		
11. 10 Surface Location											
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UL or lot no.	1	Township	1 4 1	Lot Idn	Feet from t		outh line	Feet from the	East/West	line County	
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"Transpo	rter		ransporter No			<sup>10</sup> POD	21 O/G		" POD ULS		
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IV. Proc	luced Wa	ater								, DIV.	
	POD				14	POD ULSTR Loc	tion and	Description	DIST.	(°)	
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V. Well	Comple	tion Data	<del></del>	<u> </u>				7			
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VI Wel	I Tank D									5/	
	l Test D		livery Date	N T	- A D - A						
	"Date New Oil "Gas Delivery Date "Test Date "Test  "Choke Size "Oil "Water "		" Test i	Length "Tog. Pro		Pressure	" Cag. Pressure				
" Che			a AOI		i.i.	# 75 or 10 of 1					
				į				1	W	" Test Method	
" I hereby co	rufy that the r	ules of the Oil (	Conservation D	ivision have be	en complied						
knowledge an	d belief.	n given above is	true and com	plote to the bes	t of my	C	OIL CO	ONSERVA'	TION D	IVISION	
Signature	MM	Z.,	Jugar	Kes		Approved by:	SIIPE	RVISOR, DIS	TRICT II		
Printed name	L. H	ughes		<del></del>		Title:	BOLL	KVISON, DIO	110111		
Title: PRESIDENT Approval Date:											
Date: 8/4/95 Phone: (505) 843-543						AUG 1 4 1995					
" If this is	change of o	perator fill in th		mber and nam	e of the previ	ous operator					
COASY	14/ // //	AN AGEME	N+ ().	27951			PAN	SEY/Vick	FRES.	Exploitation	
		Operator Signs	llure			Printed Name		//	Titl	e Date	
<u> </u>	<u> </u>	Ramery								8/4/95	

## 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.
- 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
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7 The property code for this completion
- В. 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
- Lease code from the following table:
  F Federal
  S State 12.

Fee Jicarilla

SPJNU

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table: Flowing 13.

Pumping or other artificial lift

- MO/DA/YR that this completion was first connected to a 14. gas transporter
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- 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.

Oil Gas

- 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 23. number and write it here.
- 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 24. 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
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- 33. Number of sacks of cament 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
- 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
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 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.