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

District II 811 South First, Artesia, NM 88210

District III

State of New Mexico Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION 2040 South Pacheco

	Form C-104	[
Submit to	Revised October 18, 1994 Instructions on back Appropriate District Office 5 Copies	

1000 Rio Brazo	os Rd., Aztec	, NM 87410				NM 8				_		5 Copi		
2040 South Pag			=							L		NDED REPOR		
Ι.	R	EQUEST	FOR A	LLOWAE	BLE A	ND A	UTHOR	ZAT	ION TO T					
Operator name and Address Nadel and Gussman Permian, L.L.C.										² OGRID Number 155615				
3200 First National Tower									Reason for Filing Code					
Tulsa, OK 74103-4313									CH as of 9/1/96					
'API Number 'Pool Name 30 - 0 15-05611 Shugart: Yates, 7 Rivers, Oueen, Gra										Pool Code				
			, Queen	, Gra	ıyburg	burg 56439								
	roperty Code 1 8941 - A		Hinkle	R	Property N	iame				* Well Number #4				
		Location		Д						<u> </u>		11:4		
Ul or lot no.	Section	Township	Range	Lot.Idn	Lot.Idn Feet from the North/South		th Line	e Feet from the E		Cast/West line County				
K	26	188	31E				South		2310	West		Eddy		
		Hole Loca	tion	·										
UL or lot no.	Section	Township	Range	Lot Idn	Feet fro	om the	North/South lin		Feet from the	East/West line		County		
12 Lsc Code	¹³ Producii	ng Method Code	' Gas	Connection Date	e ¹⁵	C-129 Peri	nit Number	14	C-129 Effective	Date	1º C-12	9 Expiration Date		
TI Oil o	nd Con '	T						<u></u>						
Transpor		Transporte	ransporter l	Name .		24 PC	ac	21 O/G		2 POD 1	1 677) 1			
OGRID			and Addres	s					22 POD ULSTR Location and Description					
02262		exas-NM 0 ox 2528 ,			40	062	7310	Hinkle Battery						
			10005		40				M-26-189	5-31E				
											W. C. E.			
		-· · · · · · · · · · · · · · · · · · ·							CE	° ∆ (*) -{				
									15					
									0	CT S	_ট (955	25		
										74 (Í	M. 1 Jr. 2	= [] -] -] -] ジェージ		
										Sec.	n - 2			
V. Produ		ter		·	<u> </u>					ناشِيَةٍ -	<u> </u>			
062745	do	Tasa	11211.	. C - 1 t- 11			STR Locatio	n and D	escription		 -			
. Well C			nills	Salt Wa	ter D	<u></u>	·							
. WEII C			Ready Date 27 TD				» PBTD	2º Perforations						
			10				1512	remorat	Perforations "DHC, DC,N					
,	³¹ Hole Size		32 Casing & Tubing Size			33 Depth Set				³⁴ Sacks Cement				
···	·			 -										
				·			·							
						_	· · · · · · · · · · · · · · · · · · ·	· - · · · · · · · · · · · · · · · · · ·						
I. Well	Took Dok													
			elivery Date "Test Date				3x Test Lengt	3º The Pro			<u> </u>			
					Tot Date		r to the bength		3 Thg. Pressure		** Csg. Pressure			
11 Choke Size		⁴¹ Oi	⁴¹ Oil ⁴³ Water			4 Gas			" AOF		** Test Method			
I hereby certify	(that the mile	e of the Oil Con	- / - D	vision have been	11									
ith and that the nowledge and be	informatiøn g	iven above is the	apti compi	lete to the best of	my my		OIL	CON	ISERVATIO	ON D	IVISIC	N		
nowledge and bi ignature:			/			Approve	d h							
rinted name:		 	ym			Title:	· · · · · · · · · · · · · · · · · · ·	SUPER	RVISOR. DIST	RICT	<u>''</u>			
/Stephen/J / Heyman							003							
ate: 10/2	Manage 2/96		Phone: O	10/502 27	222				29 1996	 -				
			, ,	18/583-33 ber and name o		ious opera	itor							
334	.08	Na	del an	d Gussman	n .		·							
	$\overline{}$	erator Signatur	λΛ).~	mt1.		d Name			Tit		Date		
	Lowa	D X	xxxx 0)	NO!	т П (Juas A	. Adels	υn	Par	tner		10/22/96		

10/22/96

New Mexico Oil Conservation Division C-104 Instructions

F 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.
- Reason for filing code from the following table: NW New Well

- 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.

- 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
- The property name (well name) for this completion 8.
- 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.
- 11. The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State
 P Fee 12.

 - Jicarilla
 - JNU
 - Navajo Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table:
 F Flowing
 P Pumping or other artificial lift
- 14. 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.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- 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 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.
- 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
- 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
- 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

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.

- MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline
- 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.
- 40. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 41. 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.