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

State of New Mexico
Energy, Minerals & Natural Resources Department

Revised February 10, 1994

District II District III

PO Drawer DD, Artesia, NM 88211-8719

OIL CONSERVATION DIVISION PO Box 2088

Instructions on back Submit to Appropriate District Office pies

ORT

1000 Rio Braz	ns Rd., Azt	sc, NM 87410		Sar	nta Fe	NM 875	00 04-208	9			5 Ca	
District IV	Santa Es. N	D4 07504 300	_	54	iidi I C,	14141 075	V <del>-</del> -200	0			MENDED REPO	
PO Box 2088, I.				ATION	VADIE	ANTO	T TYPE I C					
<u>-</u>		<u>arqur</u>	Operator	Battle and A	VABLE	AND A	UTHC	RIZA	TION TO T			
	n, Inc.	PERSON V	oaress					<sup>1</sup> OGRID Number				
5613 DTC Parkway, Ste. 750							1		018019			
P.O. Bo								3 Resson for Fling Code				
Englew	ood, CO	8015	5-6525						CH Effec	tive Marc	h 1, 1995	
• ,	API Number	•				* Pool Na						
30 - 0 15-	-24822		Avalon Bone Springs, East							* Pool Cade		
7 P	roperty Cod								03713			
(			Property Name						* Well Number			
	<del>203</del> /3	<u> </u>		Roy Re	nfro					ĺ	1	
	10 Surface Location											
Ul or lot no.	Section	Towaship	Range	Lot.lda	Feet	from the North		/South Line   Feet from the		East/West line	-	
N	1	215	27E		33	300 Sou		.			County	
11 Bottom Hole Location South 1980 West											Eddy	
UL or lot no.	Section	Township		T								
	A SO. SECIOE (OWNER)		Range Lot Ida		Feet	from the	North/South line		Fost from the	East/West line	County	
N	1	21S	27E		33	3300		th	1980			
12 Lee Code		ng Method C	ede <sup>14</sup> Ga	Connection		" C-129 Pers	it Number		C-129 Effective D	West	Eddy 129 Expiration Date	
P	]	F	1	<b>/2</b> 0/85							129 Expiration Date	
III. Oil and Gas Transporters												
Transpor				Nome								
OGRID		17 Transporter Name and Address				™ PC	)D	<sup>21</sup> O/G	" POD ULSTR Location		cation	
009171	GPN	GPM Gas Corporation							and Description			
009171	Воз	Box 5050				0951330 G			N 1-21S-27E			
	Bar	Bartlesville, OK 74005								215-27E		
020445			ermian			0.00						
020443	P - C	). Box 4	1648	corp.	1	0951310			N 1-21S-27E			
				1_4640					N 1-215-2/E			
·		1	7/210	77210-4648								
					1			İ	and the second			
										MAR - 6 1995		
							- [					
									183		N. DIV.	
V. Produc	red Wat	AT.									Ma LUUW 6	
0 - B	DD TV AI	T									n cá	
95735 N/A	0	-				POD UL	TR Lecati	on and De	eription			
N/A			N/A									
. Well Co	ompletic	on Data										
" Spud	Date		24 Ready De	Ready Date			" TD					
									" PBTD " Perforations			
34	Hole Size		31 Casing & Tub		O'							
	and see			aming & Tub	ing Size	n Depth Set			30 Sacks Cement			
		-						<del></del>				
							·			<del></del>		
	est Data	1										
M Date New	Oil	™ Gas Deli	very Date	» T	est Date	37	Test Leng					
	1			•	·	-	1 car rest		" Tog. Pressu	re »	Cag. Pressure	
" Choke Si	Ze	41 C	Ni	<sup>Q</sup> Water								
			~				□ Gas		" AOF	-	Test Method	
l hambu sanië u					_	1				- 1		
l hereby certify to the and that the in	hat the rules formation as	of the Oil Co	nservation Div	ision have be	en complied							
th and that the in owledge and belie		· ··· auuve is t	rue and compl	ete to the best	t of may	1	OIL	CONS	SERVATIO	א טואופוט	N T	
;nature: ( /	4	1.	- L	1	1	1	,			4 DI 4 1210	114	
nted name:	rus	une	/Tu	cka	t	Approved t	<b>y:</b> 51	SUPE	RVISOR, DIST	RICT II	Ĭ	
C1	ristir	ne Picka	art			Title:			.,			
e: Engine	ering T	echnic	ian			A					]	
						Approval Date: MAR 7 1005						
March 2			Phone: 303	3/850-1	824	1030						
If this is a chang	e of operate	or fill in the (	OGRID numb	er and name	of the prev	ious operator						
	mious O-				-							

Printed Name

## New Mexico Oil Conservation Division C-104 Instructions

## IF THIS IS AN AMENDED REPORT. CHECK THE BOX LABLED "A -ENDED REPORT" AT THE TOP OF THIS DOCUMENT

 $Ra_{\rm B} \sim \tau$  oil gas volumes at 15.025 PSIA at  $60^{\circ}.$  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.

separate C-104 must be filed for each pool in a multiple

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

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)

request for test allowable (include virguested)

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 12

Navajo Ute Mountain Ute Other Indian Tribe

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 14.
- 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
- 1**9**. 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

- 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.)
- 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
- 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 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.

- 34. 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
- 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
- The method used to test the well:
  F Flowing
  P Pumping
  S Swebbing 45.

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 data this report was signed by that person 47.