State of New Mexico

Revised February 10, 1994 LT

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OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe NM 87504-2088

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	.502 N. V Levellar El Paso	√est Aven			" POD	" O/G		and Descrip	
	Levellar El Paso		rucking	2	828040	0	Unit I -	Section	11-T21S-R21
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282804		Unit I -	Section .	11-1213-	KZIE				
. Well Completion Da "Spud Date RH 8-19-2888		¹⁴ Ready Date			מד יי		" PBTD		" Perforations
		11-3	11-30-2000		8450 '		6420'		6145-6197'
И	Hole Size		Casing & Tub	ing Size		Depth Se	4	n c	Sacks Cement
26"			20"		4()'	Cement to surface	
17-1/2"			13-3/8"		347'		7 '	595 sx	- circulate
12-1/4"			8-5/8"		2030		51	1740 sx	- circulate
7	7-7/8"		5-1,	/2"	84501) '	1340 sx	
	Test Data		2-7			6047	7 *		
H Date Nes	w Oil ×	Gas Delivery Dat	е "	Test Date	" Test I	ength	" Tbg.	Pressure	" Cag. Pressure
11-30-2			-30-2000 12-		24 hou		225#		Packer
" Choke Size		41 Oil	41 Oil a Wate		^a Gas		4 AOF		* Test Method
1/4"			Since		35	0	· ·		Flow Test
" I hereby certify with and that the	y that the rules of the information given :	bove is true and	complete to the b	est of my	21/	BIL CO)NSERVA	TION DIV	/ISION
knowledge and be Signature:	elief.	K1 -			Approved by:	1	in W.	Lem	,
	7 Justy	1 Yein	<u></u>		Title:	0	1.70	A A A PLA	ia.
Printed name: Rusty Klein					passes - j				
Operations Technician					Approval Date: JUL 2 6 2001				
Date: May 3	2001	1 Phone:	50 5-748 -						
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New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT. CHECK THE BOX LABLED TAMENDED 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

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

AO Add oil/condensate transporter

CC Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Include volume requested) requested)

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

- The API number of this well 4.
- The name of the pool for this completion 5.
- 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 10. 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.
- 11. The bottom hole location of this completion
- Lease code from the following table: 12.

- de from the followi Federal State Fee Jicarilla 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 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.
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 18. The gas or oil transporter's OGRID number
- 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.

- 22. The ULSTR location of this POO if it is different from the well completion location and a short description of the POO (Example: "Battery A", "Jones CPD",etc.)
- The PCO 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 confipietion 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 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.

- MO/DA/YR that new oil was first produced 34.
- MO/DA/YR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36.
- 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. Barrele 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.

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.