District 1

PO Box 1980, Hobbs, NM 88241-1980

District II

PO Drawer DD, Artesia, NM 88211-0719

District III

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-1040 Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

OIL CONSERVATION DIVISION PO Box 2088

1000 Rio Brazos District IV	Rd., Aztec,	NM 87410			e, NM		1-2088			_	7 4345	ENDED REPOR		
PO Box 2088, Si			EOD A	I I OWAR	I E ANI	7 A I I	тиоріз	7 A TI	ION TO TE	_ I2NAC	_			
· · · · · · · · · · · · · · · · · · ·	. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address OGRID Number													
	824 S. Ave. C Kermit, Texas 79745 'API Number 'Pool Name 'Pool Code										52098			
									' Reason for Filing Code					
•														
30-015			Herradura Bend (Deleware)						30655					
	operty Code		Property Name						' Well Number					
·	8404		Gourley Federal											
II. 10 Surface Locatio							North/Sout	h Line	Feet from the	East/West line County		County		
H	31	225	28E		231		North		330		East Eddy			
		Hole Loc	1			1,01,01		711	<u> </u>		Dudy			
UL or lot no.	Section	Township	Range	Lot Idn	Feet from	the	North/Sou	th line	Feet from the	East/W	est line	County		
21. 6.1	13 m	24.1.0	1 40	Connection Date	15.0	30 D	in No. 10 and	, , ,	1 C 120 F.W. 4'	<u> </u>	7.0	130 P-1-41- D.4-		
12 Lae Code 13 Producis		$\mathcal P$	Method Code Gas C		onnection Date C-129		ermit Number		" C-129 Effective Date		¹⁷ C-129 Expiration Date			
III. Oil a	nd Gas	<u> </u>	ters	any 2021710 0 H-31-22S-28E										
Transpor		19 Transporter Name and A ldress					D	31 O/G						
42835	_ K	och Oi					7/5		and Description					
J-833	P	.O. Bo	Box 1558				21110 0			H-31-22S-28E				
	В	recken	ridge.	Tx 7602	24					·	•			
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West state of the	gs						ME GENVE							
	0.1830.1765 863-988.06								2,000					
										`		on months		
				OIL COM. DAY.										
IV. Produced Water POD ULSTR Location and Description														
2021	-					TOD O	IN IN LINCOLD	96 25U	Description					
		ion Data		<u> </u>							, <u>.</u>			
¹³ Spud Date		2ª Ready Date			" TD		* PBTD		³⁶ Perforations			* DHC, DC,MC		
31 Hole Size			N Co		sing & Tubing Size		²⁰ Depth Set		-		» Saa	34 Sacks Cement		
tion out			Casing or Terring Star					осрия о		Pa	10	/ ID-7		
											2-9-96			
						1	•			Glas OF				
										7,	0			
	Test Da	ata												
Date 1	Date New Oil		* Gas Delivery Date		³⁷ Test Date		M Test Length		34 Tbg. Pressure			" Cag. Pressure		
4 Choke Size		 	a Oil		40 Water		44 Gas		4 AOF		╂	" Test Method		
	•			Division have been	-		OI	ו כנ	NSFRVAT	TION I	DIVIS	SION		
with and that the information given above is true and complete to the best of my knowledge and belief.							OIL CONSERVATION DIVISION							
Signature: Lloyd 1 Lill Printed name:							Approved by: SUPERVISOR, DISTRICT II Title:							
Printed name: Lloyd Hill Title:														
Title: Owner								EB _ 5 19	19b					
						dour co	rater					. 1		
"If this is a change of operator fill in the OGRID number and name of the previous operator Soseph Roy ba Vice President 1896														
		Operator Sig	nature)	P.L.	7	Pri	ted Name			1	Title	Date		
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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 (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.
- 4. The API number of this well
- 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
- The well number for this completion
- 10. 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.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla
 N Navajo
 U Ute Mountain Ute
 I Other Indian Tribe
- 13. The producing method code from the following table:

 F Flowing
 P Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a gas transporter
- 15. The permit number from the District approved C-129 for this completion
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this completion
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product
- 20. 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.
- 21. Product code from the following table: O Oil G Gas
- 22. 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.)
- 23. 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.
- 24. 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.)
- 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. 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. Top and bottom perforation in this completion or casing shoe and TD if openhole

- 31. Inside diameter of the well hore
- 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

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
- 39. Flowing tubing pressure oil wells Shut-in tubing pressure - gas wells
- 40. Flowing casing pressure oil wells Shut-in casing pressure - gas wells
- 41. Diamèter 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
- 46. 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
- 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