State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office

District 1 13) Hox 1980, Hobbs, NAI 88241-1980 District II 13) Drawer DD, Artesia, NAI 88211-0719

## OIL CONSERVATION DIVISION

District III			O11		PO Box	2088	2000					5 Copies		
INNO RIO Drozos	Rd., Azlec,	NNI 87410		Santa F	Fe, NM 8	37504	-2088				] AMI	ENDED REPORT		
District IV IX) Box 2088, Se	anta Fe, NM	87504-2088	A1		er er a ant	- A11	±ս∩ր։	ነማ ለፕ[	ሳለ ተብ ፐፑ	1201	- ᠈∩ℝℸ	•		
i	RI	EQUEST	Operator name	LOWAL	JLE AINL	7 // 0	Inon	ILALI	ON TO TR	OGRI	U Numb	,er		
UNIVERSAL RESOURCES CORPORATION							' 238				46			
1331-	-17th	Street	, Suite	.01.		1				leason for Filing Code				
		lorado					NEW							
	'All Number ' Pe							vol Name				1 Pool Code		
30 - 039-			LYB					42289						
	operty Code	l		perty Nu	me			' Well Number						
16	16115			DUNN				····	·		19	, 		
II. 10 S	I. Surface Locatio			1)										
U or lot no.	Section	Township		Lot.ldn	ldn Feet from t		the North/South L		Feet from the	East/W	est line	County		
Н	н 4 231		1 7WEST		1730	)	N		510	E		RIO ARRIBA		
	Bollom I	Hole Loc	cation									•		
UI, or lot no.		Township			Feet from	the	e North/South line		Feet from the	East/W	est line	County		
1	•									<u> </u>		L		
" Ine Code	" Product	ing Method Co	ode " Gas C	Connection De	He " C-1	29 Perm	it Number	] "	C-129 Effective	Dute	" C.	-129 Expiration Date		
F	1													
	nd Gas	Transpor	lers					" IV))) ULSTR Location						
Transpor	Transporter		19 Transporter Name			" iv	)) '' 0/G				LSTR L Descripti			
OCRID			and Address								740.5.			
23846			RESOURCE			280:	5673	G						
	Del Tak	31-17tn nvor _C	Street, olorado 8	ວນາເອີເ ເດ <u>2ດ2</u>	300									
22201	GT/		USTRIES I			280	5672	.0						
009018	576	64 US Hi	ighway 64	<u>l</u>	- : 0.4									
	Far	rmingtor	n, New Me	xico 87	7401									
										}- a				
100						1000 100 100 100 100 100 100 100 100 10								
	2000								AU:	 g ÷ j	1003	<b>L</b>		
											1			
13	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<del> </del>							一つ世	J 19	The state of the s		
	luced Wa	aler		21	POD ULSTR Location and Description DISTS									
1 -7 .	5534	4				-			•	-				
1			 a											
V. Well Completion D		1011 2	2º Ready Da	i	n 10			" rem			2 Perforations			
, ·	5/10/95		6/12/95		5,	740'		5	,638'		5,4	14'-5,590'		
	" Hole Size	e	" Cusing & Tubing Size				" Depth Set				<sup>33</sup> 540	cks Cement		
12-1/4"					3	319'	KB			50				
}	7-7/8"		4-1/2"				5,7	740'	KB		9	<b>73</b> //23		
7-770			2-3/8"			1		42' K						
			2-376			-	<del></del>	<del></del>						
Well Well	Tast D													
	l Test D		Delivery Date	7 30 -	Test Dute		" Tet L	ength	" 7bg. 1	Pressure	$\neg$	" Cag. Pressure		
12.		t	Out them to your		.5/95	1 5	24 HOURS		465			430		
	"Choke Size		5/95 "011	_1	. 0/ 90	<del>- -</del> -	" Can		" AOF		-	4 Test Alethod		
Chinke Size			19.75			110					PL	UNGER LIFT		
" I bessly eg	19.75 "Thereby certify that the rules of the Oil Conservation Division have been complied													
with and that t	the information	on kiven above	e is true and com	picte to the be	est of my	OIL CONSERVATION DIVISION								
knowledge and Signature:	d helief.	11.1	/1		1	Approved by:								
Signature;	11/11	VILL	6			SUPERVISOR DISTRICT #3								
Printed name: JANE SEILER							Title:							
Title: (	/		NATOR, ADI	Approval Date: AUG - 1 1995										
Date: 1/31/95			Hamer											
1	- Alanae of t	peratur fill In	the OGRID nor	03)672		lous ope	relat				•	1c		
13 100 5	tuninge or a	permission and												
∦ <del></del>	Previous	Operator Sig	gnature			Pela	ited Nume			1	Hile	Date		

## 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 despened 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.

- ١. Operator's name and address
- Operator's OGRID number. If you do not have one it will be essigned and filled in by the Dietrict office. 2.
- 3

Reason for filling 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.

- The API number of this well 4
- The name of the pool for this completion 6.
- The pool code for this pool 6
- 7 The property code for this completion
- 8. The property name (well name) for this completion
- 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 12.

Federal State Fee S

Fae Jicarilla Navajo Uta Mountain Uta Other Indian Triba

- The producing method code from the following table:
  F Flowing
  P Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a 14. gas transporter
- 16.
- The permit number from the District approved C-129 for this completion
- 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. completion
- The gas or oil transporter's OGRID number 18.
- 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 wall 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
  O Gae

- The ULSTR location of this POD If it is different from the well completion location and a short description of the POD (Example: "Bettery 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.
- MO/DA/YR drilling commenced 26.
- 26. MO/DA/YR this completion was ready to produce
- Total vertical depth of the well 27.
- 28 Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhols 29.
- 30. Inside diameter of the well bore
- Outside diameter of the casing and tubing 31.
- 32. Depth of casing and tubing. If a casing liner show top and

## bottom.

33. Number of eacks 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 34.
- 35 MO/DA/YR that gas was first produced into a pipeline
- 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. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- MCF of gas produced during the test 43.
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:

F Flowing
P Pumping
S Swabbing
II 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.