CERTIFIED Z 061 13 171

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

State of New Mexico Energy, Minerals & Natural Resources Department

Revised October 18, 1994

Form C-104

811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV			OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505					ON	Submit to Appropriate District Office 5 Copie				
2040 South Pacheco, Santa Fe, NM 87505													
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address Operator name and Address Operator name and Address													
۱ ,						154		xer					
	O BOX	840	CS, INC.	INC.						3 Reason fo	r Filing	Code	
	RTESIA,	, NM 8	88211-0840	1-0840						NW			
	API Number		DACIN	PACIN EDITED AND COAT								Poul Code	
30 - 045-29113 'Property Code			BASIN-FRUITLAND COAL * Property Name									629	
											•	/ell Number	
14943 II. 10 S	Surface 1	Locatio	LY FEDERAL N								1		
Ul or lot no.	Section	Township		Lot.ldn	Feet from	n the	North/South Line		Feet from the	East/We	st line	County	
K	34	25N	13W		2490		SOUTH		1780	WEST	WEST SAN		
	Bottom I												
UL or lot no.		Township	Township Range Lot Id		Feet from the		North/South line		Feet from the East/West line		st line	County	
K 12 Lac Code	34	ng Method (Connection Date	2490	130 Danie	SOU		1780	WEST		SAN JUAN	
1		-	Jode Gas v	Connection Date		-129 Permi	it Number	"	* C-129 Effective	t Date	. C-	129 Expiration Date	
FEDERAL FLOWING III. Oil and Gas Transporters													
Transpor			" Transporter N		—	²⁴ POI	D C	²¹ O/G		²² POD UL	STR L		
OGRID			and Address	<u>s</u>					and Description				
	1	IANT EXPLORATION & PROD				8148	33	G					
	900039999888 8	O BOX 2 RMINGTO	2810 ON, NM 8	7499									
			1211	<u></u>									
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	uced Wa	ıter				<u> </u>			<u> </u>	⊕nn	~		
	POD		¹⁴ POD ULSTR Location and Description										
	483									DIST, 3			
V. Well (Completi						71 1000000			29 Perforations 30 DHC, DC,MC			
6/14/9		2º Ready Date 6/17/94		1 .	ער " י ממנ		" РВТО 1156 '		1 '	· · · · · · · · · · · · · · · · · · ·	³⁴ DHC, DC,MC		
	31 Hole Size	0/	· · · · · · · · · · · · · · · · · · ·	1200 ' using & Tubing Size			³ Depth Set		875-89		M Carl	is Cement	
						+							
8-3/4"			7"			135'					60 s		
<u> </u>	/4"		1].6"				120	<u> </u>		2(00 s	xs	
										··			
VI. Well	Test Da	ita							l				
Dute New Oil			Delivery Date	37 Test Date		Т	34 Test Length		3 Tbg. Pressure		Τ,	46 Cag. Pressure	
				N/A			N/A		210 PSI		[210 PSI	
41 Choke Size			42 Oil		49 Water		⁴⁴ Gus		4 AOF		+	* Test Method	
					· 				İ			N/A	
47 I hereby certifully with and that the	fy that the rule information	les of the Oil	l Conservation Div	ivision have been	complied				TOEDWAT	יין זיין	11/10		
knowledge and l		giron and	2	The to use but. I.		OIL CONSERVATION DIVISION							
Signature:	no	Approved by:				: ===== n	:2011						
Printed name:	HILDA	MOREN			Title:	Title: ORIGINAL SIGNED BY ERNIE BUSCH DEPUTY OIL & GAS INSPECTOR, DIST. #3							
Title: ENGINEERING TECH			TECHINIC	HINICAN			Approval Date: ASIC 1 6 1905						
			Dhana	05) 748-42	-5Ω	AUO U 177J				73			
		rutor fill in	the OGRID num			ious operal	tor				===		
										<u></u> _			
	Previous O	perator Sign	nature		Printe	Printed Name				e .	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 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.

- 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 (Include the effective date.)

AO Add oil/condensate transporter

CO Change oil/condensate transporter

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
- 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 12.

SPJ

Jicarilla

Navajo Vite Mountain Ute Other Indian Tribe

- The producing method code from the following table:

 F Flowing
 P 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.
- 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.
- 21. 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.) 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 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
- Top and bottom perforation in this completion or casing shoe and TD if openhole 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.

- Inside diameter of the well bore
- 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

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.

- 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
- Length in hours of the tes 38.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 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:

Pumping Swabbin

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.