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

State of New Mexico Energy, Minerals & Natural Resources Department

	Form C-104
	Revised October 18, 1994
	Instructions on back
Submit to	Appropriate District Office
	5 Copies

Title

Date

811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV			Sana re,				h Pache	ieco	ON	Subn	Instructions on bac Submit to Appropriate District Office 5 Copie			
2040 South Pack I.		REQUES	ST FOR	R ALI	LOWAF	BLE AI	ND AL	ITHOR'	IZAT	ION TO TI	- 2 N A D			3101
	AMOCO PRODUCTION O P. O. BOX 800					ion co	0	JARAGEL	Act s a		' ogr 00077	RID Numl 78	iber	
		U)ENVE	R, CU	DLORAD)O 80 :	201		ł		' Reuson : NW	for Filing	; Code	
	API Number	г	Ī .			5	Pool Name	1e		NW		Pool Code		
30 - 0 45-	-29270 Troperty Code	-	Bası	in Dak	tota							715	599	
		c	Can			' Fr	roperty Na	ime					Vell Number	
		Location	Cany n	on								1.	2E	
Ul or lot no.	Section	Township	Rang	.	ot.Idn	Feet from	a the	North/Sout	ith Line	Feet from the	East/V	Vest line	Count	iy
E 11 T	13	25N	11	.W		1560	<u> </u>	North	!	1050	Wes	3t	San Ju	an
UL or lot no.		Hole Lo				T		* 10						
OL OL IO. LO.	Section	10wnsn.p	PRange	¢ 1.0	øt Idn	Feet from	n the	North/Sou	Ab line	Feet from the	East/W	Vest line	County	ıy
12 Lue Code	13 Produc	ing Method C	Zode 14	Gas Con	nucction Date	e 15 C	C-129 Permi	it Number		" C-129 Effective II	l	1 0 C	-129 Expiration	
N	l						••	******		C'IA/ IMELL	/Hic		129 Ехривион	Date
III. Oil ar	nd Gas		····						<u></u>	· · · · · · · · · · · · · · · · · · ·		Ĺ		
"Transport			Transpor and Ad		e		¹⁰ POI	D	11 O/G	227		LSTR Lo Descriptio		
9018		Giant Re	fining	g Co.		1 0	172	c 7	0		*u~ .)escriper-	'n	
-	P	.O. Box	12999	9	: < 	40	LIL	0 1		l				
	4	<u>cottsda.</u> Illiams				2 2	1 7 7	6 8		 				
25244	P	.O. Box	3102		LUU	۷,	172 {	001	G	I				
	T	ulsa, O	K 741	.01										
	***************************************					*********				According to the second	gar aparamanan a ay	,		·
			-	· 						I				
											ツ區	<u>ME</u>	SUNNIE	
										!	뷠트	UE	BVUL	in
	iced Wa	ater						<u></u>	1	п	AP	'R 1	0 1996	M
" P	lob					и	FOD UL!	STR Location	o and D	escription (シロロ	<u>a</u>	<u></u>	
	7269									<u></u>	ソロロ	(G(0))	N. DI	V_{c}
/. Well C	Complet												ਪੌ _ਰ 🕙 💮	
- Spud 2/27/			Ready Dat	.e		" TD		" PBID	, ,,(0)	Perforati		*	* DHC, DC,MC	.C
	31 Hole Size		/3/96	32 Casin	620.				epth Set	300, 370.	5'	<u></u>	~	
8.75			+		7.000"	Size	-		epth Sec	273	7:		Class B	
6.25			+		2.875"		-			6184'			Class B	
			1	no tu	 -		-			0104	/10	Sx C	Jiass b	
**	·		+	110	.0 ± 110									
	Test Da	ıta	Т							L_				
33 Date Ne	io w	30 Gan D	Delivery Dat	le	" Test 1	Date	,	" Test Lengt	ı b	" Thg. Pres	asure		4 Cag. Pressure	re
* t		<u> </u>				1/96	1	24 hrs					265	•
41 Choke :	Size		u Oil		4 Wal			41 Gas		45 AOF	;	+	" Test Method	d
32/64 'I hereby certify	hat the ru	O les of the Oil C	Conscruatio	Divisio	On have been c	- G.a I	12	.800				<u></u>	F	
vith and that the knowledge and be	information	given above is	Sonserve.	omplete t	to the best of	f my	ı	OIL	. COi	NSERVATIO	ON D	IVISI	ION	
Signature:)_++	Alex	0 2	۵.			Approved					• •	01.	
rinted name:	Tany		refe	ll_			Title:	<i>Uj</i> .		77				
Title:		Haefele	<u> </u>	-	***************************************		SUPERVISOR DISTRICT #3							
		Assistan	Phone				Approval Date:							
4/9/		- ent. d	Phone:	(2021	830-49	<u> 988 L</u>				APR 1	9 19:	<u> 36</u>		
" If this is a chu	inge or open	alor in in ii.	e Otokia,	number a	and name or	the previou	us operator	it.						
Previous Operator Signature							Printed	Name			Tide	1.	Dur	-

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

NW RC CH AO CO AG CG RT

or filing code from the following table:
New Well
Recompletion
Change of Operator (Include the effective date.)
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
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
- 6. The pool code for this pool

7.

8.

- The property code for this completion
- 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. 10. Otherwise use the OCD unit letter.
- 11. The bottom hole location of this completion
- Lease code from the following table: 12.

 - S
 - State Fee Jicarilla
 - NU
 - 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 14. 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 completion
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- 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.
- 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 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 24. (Example: Tank",etc.)
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 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.

- 31. 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
- 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.

OS. //Ulmo/bal/R that hew oil was first produced

36. MO/DA/VIP that gas was first produced into a pipeline

- Length in hours of the test
- 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: 46.
 - Flowing Pumping 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.