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

Form C-104

Date

Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

District II 811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 2040 South Pacheco, Santa Fc, NM 8751			OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505 T FOR ALLOWABLE AND AUTHORIZATIO						Submit to Appropriate District Office 5 Copie AMENDED REPORT				
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	API Number	r				Pool Nam	Pool Name					Pool Cade	_
30 - 0 45-			Basin	Dakota ———					7	1599		_	
358	roperty Cod		Canyon	roperty Na	орсту Авше				' w 11E	'ell Number			
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UL or lot no.	Section	Township		Lot Idn	Feet from	m the	North/S	South line	Feet from the	East/We	est line	County	
12 Lse Code	13 Produc	cing Method C	Code 14 Gas	Connection	Date 15 C	2-129 Peru	nit Number	- 	C-129 Effective	Date	" C-	129 Expiration Date	
N													
III. Oil ar	nd Gas												_
" Transpor OGRID		-	** Transporter I and Addres			" PO	D .	" O/G		22 POD UL and Do	STR Lo		_
9018			fining Co).	2 8	172	7275 0						
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V. Produ		ater			E				<u> </u>	~ mm	<u>, , , , , , , , , , , , , , , , , , , </u>	ريع باتاتانا	
	POD				:	¹¹ POD UI	LSTR Loca	tion and I)escription	OHF (ල්ලා	M. DINZ	
281	1277										DIS	6.3	
V. Well (tion Data			** ****				S-2-2-1				_
- Spud 2/28/		1	· Ready Date 3/96		" าบ 6270 '		" 1B	TD	"Perfora		,	" DHC, DC,MC	•
	³¹ Hole Size			Casing & Tu			x	Depth Set	5921-59	96			_
8.7		*	-	7.000'		-				75 sx (s B	_
6.2				2.875		-		624		935 sx			
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	Test Da	ata											
35 Date No			Delivery Date	31	[†] Test Date		" Test Le	ength	" Tbg. Pi	ressure	T	" Csg. Pressure	
41 Ct. de		ļ	***		3/31/96		24 hr					145	-
4 Choke 32/64	: Size	0	4º Oil)	1	Wuter 9	10	4 Gas		4 AOF			* Test Method F	•
" I hereby certify	ly that the n	ules of the Oil	Conscruation Di is true and comp	ivision have	been complied			- 20			<u></u>		٦
knowledge and b		a given acces	is true and comp	olete to use a	best of my			iL Cui	NSERVAT	ION D	IVISI	ION	
Signature:	atte	1940	refele	/		Approve	d by:		72	4			
Printed name:	Patt	y Haefel	le ,			Title:	-	SUP	ERVISOR	DISTR	ICT #	#3	1
Title:		Approval Date:						1					
Date: 4/9/96 Phone: (303) 830-4988						APR 1 9 1996							
" If this is a ch	sange of ope	erutor fill in t	the OGRID nun			ious opera	tor						٦
	Printe	ed Name			Title	ie .	Date	+					

State of New Mexico
Energy, Minerals & Natural Resources Department

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. 2.
- 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 Reguest for test allowable (Include unless)

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
- 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.
- 11. The bottom hole location of this completion
- Lease code from the following table:

S

Federal State Fee Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table:
F Flowing
P Pumping or other artificial lift 1.3

- 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
- 16. MO/DA/YR of the C-129 approval for this completion
- 17. MO/DA/YR of the expiration of C-129 approval for this
- 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
- 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 Tank", and I (Example: "Tank",etc.)
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 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 have
- 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.

- MO/DA/YR thet hew oil was first produced
- 36. MO/DA/YR that gas was first produced into a pipeline
 37. 10 M8/DA/YR that the following test was completed
- 38. 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
- Gas well calculated absolute open flow in MCF/D
- The method used to test the well:
 F Flowing 46.

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 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.