<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240

DISTRICT II 811 South First, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT IV

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

2040 South Pacheco Santa Fe, New Mexico 87505

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	AMENDED	DEDODT

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If this is a change	of operator fill i											
f this is a change		perator Signatu	<u> </u>				Printed Name			Title		Date

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II 811 South First, Artesia, NM 88210

DISTRICT IV 2040 South Pacheco, Santa Fe, NM

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

2040 South Pacheco

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

OIL CONSERVATION DIVISION

Santa Fe, New Mexico 87505

☐ AMENDED REPORT

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Printed name): 	Pat Ar	rchuleta			Ti	itle:		SUPE	RVIS	SOR DIS	THIC	#3				
Title:		Staff A	Assistant			Ar	pproval Date										
Date:	04-02-1997	,	Phone:	303-830-5	5217					AP	F - 4 19	997					
If this is a char	nge of operator	fill in the OGRIL	D number and nam	ne of the pre	vious operator	r											
 																	
	Previo	ous Operator Sign	iature			Pr	rinted Name				Title		Date				
<u> </u>	,																
1																	

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

811 South First, Artesia, NM 88210 District III

OIL CONSERVATION DIVISION

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

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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

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.
- 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. 3.
- 4. The API number of this well
- 5. 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 8.
- 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.
- 12.

Lease code from the following table:
F Federal
S State
P Fee
J Jicarilla
N Mayaro
U Uta, Mountain Ute
U Other Indian Tribe

- The producing method code from the following table:
 Flowing
 Pumping or other artificial lift 13.
- 14: ... MO/DA/YR that this completion was first connected to a ges transporter
- 15. 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.
- 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.
- 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.)
- 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. well complet (Example: "I Tank",etc.) 25.
- MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26. 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. 30
- 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.

- 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.

- MO/DA/YR that new oil was first produced 35
- MO/DA/YR that gas was first produced into a pipeline 36.
- MO/DA/YR that the following test was completed 37.
- 38 Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- 40. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 41 Diameter of the choke used in the test
- Barrels of oil produced during the test 42.
- Barrels of water produced during the test 43.
- 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:

 F Flowing
 P Pumping
 S Swabbing
 If other method please write it in. 46.
- 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.

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

OIL CONSERVATION DIVISION 2040 South Pacheco

Submit to Appropriate District Office 5 Copies

811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410

District IV				Sanu	a re, n	(M 8/	303				MENDED REPORT
2040 South Paci				LLOWAB	LE AN	ID AL	JTHOR	IZATI	ON TO TR		
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III. Oil a	nd Gas	Transpo	rters								
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Report all gas volumes at 15,025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

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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.
- Reason for filing code from the following table:

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 CH Change of Operator (Include the effective date.)

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 CG Change gas transporter

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- 6. The pool code for this pool
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- 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
- Lease code from the following table:

 F Federal
 S State
 P Fee
 Jicanilla
 Navara
 Utt Mountain Ute
 Other-indian Tribe 12.

- The producing metalod code from the following table: .13. Flewing Pumping or other artificial lift
- MO/DA/YR that affic completion was first connected to a 14.
- 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 17.
- 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 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 31.
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and bottom.
- Number of sacks of cement used per casing string 34

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 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
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- 40. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- Diameter of the choke used in the test 41.
- 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 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.

F. Loc. 1800	/s; 1650	/E Elev	5510 GL Spd. 4	28 - 80co	mp	v_294	_TD <u>5 17</u>	<u>49</u> _ Р	B	
Csg. Perf.			<u></u>	E						T R A N S
BO- I.P MCF	D After	Hrs. SICP PS	SI After Days GOR -				Ist Del.			
ТОР	s	NITD X	Well Log	TEST D	PC	Q	PW	PD	D	Ref. No.
Kirtland		C-103	Plat	Schd.	PC		 	1		
Fruitland		C-104	Electric Log VVVVV	-	 			+		
Pictured Cliffs	1791	/2	C-122		 		-	+	 	
Cliff House	1796 2882 3462	Ditr	Dfa		_		 	 		
Menefee	3502	Datr	Dac		 	-		 		
Point Lookout	4094			-					+	
Mancos				 	+	-	+	 	 	
Gallup	5312				<u> </u>	 				
Sanostee				ļ	+	 	+	+	+ -	
Greenhorn		1- * * *		-	+	+		+		
Dakota				 	+	 	+		+-	1
Morrison				 	+-	+	+		 	1
Entrada		Pollock Gas Con	B#1 160				+	+	+	1