State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised February 21, 1994

Instructions on back

OIL CONSERVATION DIVISION CONTROL Submit to Appropriate District Office

District III 1000 Rio Brazos District IV				Santa	PO Box Fe, NM		ا-2088 2088-	אווע () 1	DIN. I	_	AMENDED	5 Copie
PO Box 2088, S I.			FOR A	LLOWA	BLE A	ND AU	ТНОБ	RIZAT	ION TO TR			KEI OK
	Operator name and Address							1 OGRID Number 2217				
BHF P.C	87499				3 Reason for Filing Code							
		P				ige						
⁴ API Number 30 - 0 45-24735 SWD; MESAVERDE						Pool Name				96160 Pool Code		
' Pr 2038	roperty Code B	:	GALLE		operty Name T			328	' Well Numbe	er		
		Location										
Ul or lot no.	Section 33	Township 29N	Range 12W	Lot.Idn	Feet from		North/Sc SOUT	outh Line	Feet from the	East/West WES		ounty JUAN
		Hole Loca				500.	<u> </u>		1122	T SEET		
UL or lot no.	UL or lot no. Section		p Range Lot Idu		Feet from	m the	North/South line		Feet from the	East/West	line Co	ounty
12 Lse Code			Code Gas Connection D		Date 15 C	C-129 Permi N/A	t Number	Number to C-129 Eff		Dute	" C-129 Expira N/A	tion Dute
III. Oil aı		Transport	ers									
Transporter OGRID		1* 7	1° Transporter Name and Address			²⁶ POD 21 O/O		²¹ O/G	2:	POD ULST		
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	iced Wa	ter				14 POD []] (wards I manuf		• • •			
-	OD	*				²⁴ POD ULA) I K Lacad	non and re	escription			
		ion Data										
25 Spud Date			²⁶ Ready Date			" 77)			²¹ PBTD		2º Perforatio	ns
34 Hole Size			31 Casing & Tubing Size			32 Depth Set				33	Sacks Cement	
												•
							····					
						-						
VI. Well	Test Da	ta l										
			s Delivery Date 36 7		Test Date		37 Test Length		34 Tbg. Pressure		" Csg. Pressure	
40 Choke Size		41 (41 Oil 42		Water		45 Gas		4 AOF		45 Test Method	
* I hereby certif								T CO	VCEDVATI		ZICION	
knowledge and b	belief.	Lower	•	icio to aic sc.	st or my	OIL CONSERVATION DIVISION						
Signature: Printed name:	Approved by: 37 \$ Title: SUPERVISOR DISTRICT #3											
Printed name: Title:	Approvat Date:											
OPERATIONS SUPERINIENDENT						AUG. 3.1.1994						
08	-25-94 hange of open	rator fill in the	1 (3	505) 32' aber and nam		ious operat	or				,	
										77.4		
	Previous O	perator Signati	ure			Printec	l Name			Title		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.

- 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

 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) 3.

requested)

If for any other reason write that reason in this box.

- 4 The API number of this well
- The name of the pool for this completion
- 6. 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
- 12. Lease code from the following table:
 F Federal
 S State

Fee Jicarilla

NU

Navajo Ute Mountain Ute Other Indian Tribe

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.
- 15. The permit number from the District approved C-129 for this completion
- 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.
- 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
- 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", 24. (Example: "Tank",etc.)
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- 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
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and

bottom.

33. Number of sacks of cement 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.

- 34. MO/DA/YR that new oil was first produced
- 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
- 43 MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- 45. 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 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.