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
Submit	Instructions on back
	to Appropriate District Office
	5 Copies

811 South First, Artesia District III			OIL CON	ISERV 1940 Sou	ATION	DIVISIO	NC	Sub	mit to /	ti Appropt	nstructions on riate District C
1000 Rio Brazos Rd., A: District IV	dec, NM 8741(	)	Sa	nta Fe,	NM 87	7505					5 C
2040 South Pacheco, Sui	ıta Fe, NM 875	05				•					IENDED REP
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		Oberator t	same and Vogt	CSS				1011 10 1			
Amoco Production Compar								OGRID Number			
P.O. Box 800 Denver, ÇO 80201								Reason for Filing Code			
	ре	nver, ço	80201						Menson	tor Fding	g Code
API Numb	er			<del></del>	5 D 1 N	<del></del>			NW		
30 - 0 45-29227	'Pool Name West Kutz Pictured Cliffs Ext.						* Pool Code				
Property Co							79680				
16901	Burnham Gas Com B				roperty Name			' Well Number			
l. <sup>10</sup> Surfac	- Location		043 001							]	1
Ul or lot no. Section	Township	Runge	Let.ldn	TR : 20							
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JL or lot no. Section	Township	Range	Lot Idn	Feet fro	on the	North/South	line	Feet from the	East/W	Vest line	County
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ľ	cing Method C	ode 14 Gan	Connection De	ate 13 (	C-129 Perm	it Number	10	C-129 Effective	Date		129 Expiration D
P						1				(.,	129 Expiration ()
I. Oil and Gas				<del></del>						L	
Transporter OGRID		* Transporter			" PO	D 11	O/G		ll bob tu		
	<del></del>	and Addre	<del></del>						IU GOT <sup>II</sup> I bas	LSTR Loc Description	
9018 G	iant Ref	ining Co	•	<b>∮</b> ₽	169	7 0	)	<del></del>	<del></del>		
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POD		<del></del>		<del></del>					D. Wi	® (5 -	
2816922	1			ı	' POD ULS	TR Location a	ind Des	cription	- 21.3	300,2E	No. 1936
	. 1										
Well Comple									<del></del>		<del></del>
	1	Ready Date		יי דט		" PBTD		" Perforations		" DHC, DC,MC	
12/8/95	1/17	7/96	j	1664'	1		1388-1413'				
" Hole Size		" C	asing & Tubing								
3.75"			7.000"							M Sacks	
				257'			60	60 sx Class B			
6.25"		4.500" 2.375" tubing			1632'			130 sx Class B			в В
					1399'		3001				
Well Test Da	ta	<del></del>	<del></del>		<u></u>				······································	-	
Date New Oil		ivery Date	¥								
	G # 3 17()	···cij 1/#(6	" Test		1	Test Length		" Thg. Pres	sure	*	Cag. Pressure
41 Choke Size 42 O		1/16/9				24 hrs		130		225	
	42 Oil		Water .		41 Gus			4 AOF		<u> </u>	Test Method
32/64	0		125		1	900				1	F F
ereby certify that the rul	es of the Oil Co	onservation Div	ision have been	complied [	<u> </u>					L	
vledge and belief.	given above is	irve and compl	cte to the best of	f my		OIL C	ONS	ERVATIO	וח א(	VICIC	)N
nature:					Approved b					, 1016	Z4 <b>T</b>
nted name: Hatty Halfele						ORIGIN	AL SI	GNED BY FRA	VIE RUS	СН	
Patty Haefele					ORIGINAL SIGNED BY ERNIE BUSCH Title: 6240 7 92 9 630 180 80708, DIOT. 20						
c: Staff Assistant					Approval Date:						
1/19/96 Phone: (303) 830-4988					Approval Date: FEB - 6 1996						
		(30	J) 830-4	988							
this is a change of oper	mor fill in the	OGRID numb	er and name of	the previou	s operator						
De. C. C.											
r revious O	zeutor Signatu	re .			Printed N	ame			Title		Dute
											1/41#

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.
- 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

  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.

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
- 6. The pool code for this pool
- 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.
- Lease code from the following table:
  F Federal
  S State 12.

  - S
  - Fee Jicarilla

  - Navajo Ute Mountain Ute N
  - 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 gas transporter 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 17. completion
- The gas or oil transporter's OGRID number 18
- 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 (Exemple: "Battery A Water Tank", "Jones CPD Water 24. (Example: Tank",etc.)
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26
- Total vertical depth of the well 27
- Plugback vertical depth 28.
- 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.
- Outside diameter of the casing and tubing 32.
- Depth of casing and tubing. If a casing liner show top and 33.
- 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 35.
- 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.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- Barrels of oil produced during the test
- Barrels of water produced during the test 43.
- 44 MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D 45.
- The method used to test the well: 46.
  - 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.