District I PO Box 1988, Hobbs, NM 88241-1988 District [[

State of New Mexico nergy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994 Instructions on back OIL CONSERVATION DIVISION

PO Box 2088

Submit to Appropriate District Office

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NO Drawer DD, Artesia, NM \$8211-0719 District III

1000 Rio Brazo	Rd., And	ic, NM 87410)		Santa	Fe. N	M 87504	1_2088					5 Copie		
District IV PO Box 2008, 8	Ranta Es. N	NA 97 504 106	•			- 0, 111	· · · · · · · · · · · · · · · · · · ·	- -2000	,		С		ENDED REPORT		
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			Op	crator na	me and Addr		IID AC	11101	UZA I	ION IO II		POK I			
Amerada Hess Corporation												000495			
Drawer D Monument, New Mexico 88265										Reason for Filing Code					
PIOTIUM	ent, Ne	ew mexi	co 8	88265			Activation				of Satellite #16				
1	LPI Numbe	?	Τ	· · · · · · · · · · · · · · · · · · ·			* Pool Name				Meter Eff. 7-19-95.				
30 - 0 25-05790				Eunice Monument G/SA							23000				
' Property Code				* Property Name							' Well Number				
00013 <i>5</i>				North Monument G/SA Unit B						lk. 16	k. 16 16				
II. 10 Surface Locatio															
		Township	ין י	Range	Lot.ida	Feet from the		North/South Line		Feet from the	East/West line		County		
<u> </u>		198			660)	Sou	th	660	Ea	East Lea			
UL or lot no.		Hole L													
OL or act ac. Section		Townshi	p Range		Lot Ida	Feet fr	on the	North/S	South line	Feet from the	East/West line		County		
12 Lee Code	13 Produ	Producing Method		14 Can	Connection D			129 Permit Number							
				0.0	Connection D	ale "	C-129 Perm	it Number	' '	C-129 Effective I	Date	" C-	29 Expiration Date		
III. Oil a	nd Gas	Transpo	orters	9		L	·			·····		<u> </u>			
Тгаваро	rter			1º Transporter Name				מ	11 O/G	¹² POD ULSTR Location					
	OGRID		A.P.	ed Addres	•		POD		0,0		and Description				
37480	37480 EOTT Ene P. O. Bo		rgy Corporation				2807014		0	Unit C, Sec. 32, T19S, R37E,					
			Tx. 77210-4666							NMGSAU Battery NO. 66.					
24650	24650 Warren P			etroleum Company				6	G	Unit F, SEc. 32, T19S, R37E,					
P. O. B		. O. Bo	x 1589							NMGSAU Satellite No. 16, Warren Meter No. 793.					
	11	Tulsa, Ok. 74102													
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								XX	\$600						
38. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1						335		i man	Proceedings on				-		
V. Prodi	iced W	ater													
13	POD						[™] POD UL	STR Loca	tion and D	excription					
20850)	Un ·	it C	, Sec	. 32, T	19S, R3	37E, Ri	ce En	igr. c	onnection	at NM	IGSAII	Rtry 66		
		tion Dat	a				· · · · · · · · · · · · · · · · · · ·		-		~ 0 111	103/10	bery. oo.		
B Spud Date			24 Ready Date				" TD		a PBTD			1º Perforations			
M Hole Size			31 Casing & Tubing Size					l. 32	Depth Set			²⁰ Sacks	Cement		
					· · · · · · · · · · · · · · · · · · ·										
						,									
**									***************************************						
VI. Well Date No.	Test Da										·				
Date N	EW UNI	" Gas	Delivery	ery Date Note Date			" Test Length			* Tog. Pressure		³⁹ Cag. Pressure			
" Choke	Sim		4 Oi	1 03						·					
			OM.	4		Water	⁴ Gas		ı	4 AOF		" Test Method			
M I hereby certif	y that the n	les of the Oil	Conser	rvation Dis	rision have be										
with and that the knowledge and b	EN CLEISTICE	given above	is true	and comp	icte to the best	of may	1	QI	L CON	NSERVATION	ON D	IVISI	ON		
Signature:	T) b	211/					OIL CONSERVATION DIVISION Approved by: Paul Kautz								
Printed name: D. J. Mars. T.							. Geol ogi st								
R. L. Wheeler, Jr. Title: Admin. Svc. Coord.							Title: 0ED 0.7 4					0.7 anne			
						Approval Date:				OET & 1 1990					
Sept	. 14,			one: 5(05 393-2	2144									
" If this is a ch		arior dil 18 (me OG)	KID numi	er and name	of the prev	ious sperate	×							
	Previous C	perstor Sign	elure				Printed	Name	***************************************		·····	ul Balance de principale de la constante de la			
							a : 1810 7.				Tie		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 3.

Recompletion
Change of Operator
Add oil/condensate transporter
Change oil/condensate transporter

AO CAG 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.

- The API number of this well 4.
- 5 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
- Lease code from the following table: 12.

SP

ge from the following Federal
State
Fee
Jicarilla
Navajo
Ute Mountain Ute
Other Indian Tribe

13. The producing method code from the following table: Flowing

Flowing Pumping or other artificial lift

- 14. MO/DA/YR that this completion was first connected to a 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
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- 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.

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CONTRACT CONTRACTOR OF A SECTION OF CONTRACTOR

Product code from the following table:
O Oil
G Gas 21.

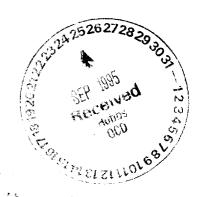
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no 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", etc.) 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.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- 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
- 36. MO/DA/YR that the following test was completed
- 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 Swebbing
 If other method please write it in.

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- 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



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