## District I

PO Box 1980, Hobbs, NM 88241-1980

District II

PO Drawer DD, Artesia, NM 88211-0719

District III

1000 Rio Brazos Rd., Aztec, NM 87410

## State of New Mexico En. , Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

## OIL CONSERVATION DIVISION P.O. Box 2088

District IV PO Box 2088, Sant	a Fe, NM 87	7504-2088		Sauta	re, min 0/50	4-2088			☐ AMI	ENDED REPO	
I.			T FOR	ALLOWA	BLE AND A	UTHO	RIZA	TION TO T			
	and Address	<del></del>			2	2 OGRID Number 014049  NOV - 1 199 CH					
	ERGY CORP	ORATION									
4	Main New Mexic	o 88210			NOV -~						
4 A		5 Pool N				6 1	Pool Code				
	25-0090 perty Code		LUSK MORROW GAS  8 Property Name					80759 9 Well Number			
	09117	17817	LUSK DEEP UNIT-A COM					1			
UL or lot no.	Surface	Location Township	Range	Lot. Idn	Feet from the	Nogh /S		I 5 . 6			
Α	19	29-5	32-1		660	1	outh Line	Feet from the	East/West line EAST	County LEA	
11	Bottom	Hole Lo				<u></u>			<u> LASI</u>	LEA	
UL or lot no.	Section 19	Township 19-S	Range 32-I	Lot. Idn	Feet from the	North/South Line		Feet from the	East/West line	County	
12 Lse Code		ng Method Co		Connection Date	660 te 15 C-129 Per	NORTH mit Number		660 C-129 Effective	EAST Date 17 C-1	LEA 129 Expiration Date	
F Oil one	l Coo To	F				<del></del> .		<del></del>		•	
III. Oil and	Gas I		ers Asporter Na	me	20 POD		21 O/G	22 1901	D ULSTR Location		
OGRID OUT		and Address						and Description			
40		ILLIPS PETROLEUM CO. TRUCKS OI PENBROOK ST.			LKS 20834	2083410 0		B, SEC. 19, T-19-S, R-32-E,TANK BATTERY			
ODESSA,								to on Lyman Difficult			
009171		GAS COF 4 PENBRO			20834	30	G	B, SEC. 19	9, T-19-S, FRY	R-32-E,	
		SSA, TEX		762							
talling and the											
Marker Miller De Baller				<del>-</del>				<del></del>			
	·					Ävi kusa					
V. Produce	ed Wate	er		<del></del>	dini bang						
<sup>23</sup> POD				<del></del>	24 POD ULST	R Locatio	n and Desc	ription			
208345 V Well Co		B, SEC	19,T 1	9, R 32 E	TANK BTY						
V. Well Co 25 Spud Da		Ready Date	T	27 TD	27 TD 28		PBTD	29 Per	29 Perforations		
<sup>30</sup> Hol	a Sia		310 -								
1106 36			31 Casing & Tubing Size		•	32 Depth Set			33 Sacks Ce	33 Sacks Cement	
			<del></del>			<del></del>			<del></del>		
·				<del></del>							
71. Well Te		Gas Delivery	Date	<sup>36</sup> Test Date	37.00				-		
		Cas Bonvory Date		- lest Date	3" 16	37 Test Length		38 Tbg. Pressure	39 C	sg. Pressure	
<sup>40</sup> Choke Size		41 Oil		<sup>42</sup> Water	43	43 Gas		44 AOF	43 Te	st Method	
S Theselm and C.	1-1-1	<u> </u>									
I hereby certify to complied with and to be best of my know	hat the infor	mation given	nservation above is tru	Division have be e and complete t	en o	0	IL CON	SERVATION	DIVISION		
Signature:	John	R	1.1	ay	Approved by	/: j <sub>a</sub> -		toga vitalist			
Printed name: JO	7	Title:	789年1827   1.513 - 1.514 - 1.								
l'itle:		Approval Da	Approval Date: GCT 24 105								
PRESIDENT  Oct. 16, 1995			Phone:	5_7/9_220	2					- COT & 4 (_)()	
			GRID num	5-748-330 For and name of	the previous operato	r					
		us Operator S		PHILLII	PS PETROLEU	M CO.					
	MB	but	>			SMITH	•	ATTORN	<b>Title</b> EY-IN-FACT	Date 10/16	

## F THIS IS AN AMENDED REPORT, CHECK THE BOK LABIED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT.

Report all gae volumes at 15.025 PSIA at 60°. Report all all volumes to the nearest whole bar

A request for ellowable for a namely diffice or despende well must be appeared by a tabulation of the deviation tests conducted in assorbance with Rule 111.

An 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 pertitiestions for shanges 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.

impreparty filled out or incomplete forms may be returned to operators unapproved.

- ٩.
- Operator's OGRID number. If you do not have one it will be essigned and filled in by the District office. 2.
- Research filling code from the following table:

  NW New Well

  RC Recompletion

  CH Change of Operator

  AD Add oil/condensate trans

  CO Change oil/condensate

  CG Change trans

  CG Change

  RT Re
  RT RE 3.

or filing but.

New Well

Recompletion
Change of Operator
Add oli/condensate transporter
Change oli/condensate transporter
Add gas transporter
Change gas transporter
Change gas transporter
Request for test allewable (include volume reacted)

write that reason in this box.

request for test answere thousand to requested)
If for any other reason write that reason in this box.

- The API number of this well 4.
- The name of the pool for this completion
- The peal ands for this pusi
- The property code for this completion 7.
- The property name (well name) for this completion
- The well number for this completion 9.
- The surface fountion of this completion NOTE: If the United States government survey designates a Let Number for this location use that number in the 'UL or let no.' box. Otherwise use the COD unit letter. 70.
- The bottom hole location of this completion 11.
- Lease code from the following table: Federal 12.

Federa Š

Fee Jigarijia

Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table: 13. Flowing Fumping or other artificial lift
- MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-128 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-128 approval for this 17.
- The gas or oil trensporter's DGRID number 18.
- Name and address of the transporter of the product 19.
- The number essigned 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 seeign a number and write it here. 20.
- Practice code from the following table:

  O Oil

  G Ges 21.

- T' & ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Exemple: "Battery A", "Jones GPD", etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well as recomplished and this POD has no number the district office will assign a number and write it here. 23.
- The ULPTR 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", "James CPD Water Tank", etc.) 24.
- MO/DANK drilling commenced 25.
- MO/DAYR this completion was ready to produce 24.
- Total vertical depth of the well 27.
- Piugbesik vertical depth 25.
- Top and bottom perforation in this completion or casing shoe and TD if eponhole 29.
- Inside diameter of the well bore 30.
- Outside diameter of the easing and tubing 31.
- Depth of sasing and tubing. If a casing liner show top and bottom. 32.
- Number of sacks of coment used per casing etring 33.

The following test data is for an oil wall 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 34.
- MO/DA/YR that gas was first produced into a pipeline 36.
- MO/DA/YR that the following test was completed 36.
- Length in hours of the levi 37
- Flowing tubing pressure oil walls Shut-in tubing pressure gas walls 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas walls 39.
- Dismoter of the whole used in the test 40.
- Barrels of all produced during the test 41.
- Barrels of water produced during the test 42.
- MCF of gae produced during the test 43.
- Gae well calculated absolute open flow in MCF/D 44.
- The method used to test the wall:
  F Flowing
  P Pumping
  S Swebbing
  If other method please write it in. 48.
- 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 queetiens about this report 48.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorizes to verify that the previous operator no lenger operates this completion, and the date this report was signed by that person 47.

