District I PO Box 1980, Hubbs, 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
Energy, Minerals & Nature Resources Department

Form C-104 Revised February 21, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

## OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

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District IV				Sam	a i c,	14141 0750	4-2000	)			🔀 AM	ENDED REPO		
PO Box 2088, [.				ALLOW	ABLE	E AND A	JTHO:	RIZAT	ION TO T	-				
I. REQUEST FOR ALLOWABLE AND AUTHORIZ Operator name and Address									OGRID Number					
Da 11a 4600						005736								
4600 Dalla		[C4]				Reason for Filing Code								
	API Numbe					Pool Nem			(Filed	to		ect O GRID#		
30 - 0 25	5-0141	5	CORBIN ABO						* Pool Code 13150					
' Property Code			¹ Property Name							' Well Number				
15941			State 35							001				
II. 10	Surface	Location							Feet from the East/West line County					
М	35	175	33E			760'	Sout		330	l		County		
L	L	Hole Lox		<u> </u>		700	3000		330	Wes	<u> </u>	Lea		
		Township	<del></del>		Fee	et from the	North/South line		Feet from the East/W		est line	County		
	Lee Code Producing Method (		ode 14 Gas Cunnection Date		Date	13 C-129 Perun	t Number "		* C-129 Effective Date		" C-129 Expiration Date			
S III. Oil au	P nd Gas	Transpor	ters											
Transpor		<del></del>	Transporter Name			* POI	D	11 O/G	12 POD ULSTR Location					
	OGRID			and Address			-			and Description				
022628	1 e	exas New .O. Box	Mexico 60028	Pipeli	ne Co	. 2544	710	0						
	Sa	in Angel	o, TX	76906		Maccount country and		 Name a ma						
009171 Phillips 4040 Pen			Petroleum Co. Drook GPM			2544	2544730 G							
Odessa, T			TX 79762			رۇرىدا ئىلىدا بېرىدىدىدى	en e							
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V. Produ		ater		· <del></del>		ay a an ar si sindike.	Source en	acer or	<del> </del>					
ВР	" POD ULS	TR Locati	ion and De	-cription										
25447			<del></del>				**							
. Well C	Omplet	ion Data	* Ready Da			n TD	Т	<del></del>						
04/01/62				1			" PBTD		2º Perforations					
M Hule Size			05/27/62 ** Casing & Tubing Size			8812'	N Depth Set				<sup>M</sup> Sacks	Cement		
											<del></del>			
			· · · · · · · · · · · · · · · · · · ·											
I. Well 7		ta " Gas Det	iver Deta	<u> </u>		1								
Date (Ve	. 04	OM DE	ery Date "Test Date		cat Date	e "Test Length		Krp	H Tog. Press	ure	e <sup>14</sup> Csg. Pressure			
"Choke	Size	41 (	Di <b>l</b>	a	Water		" Gas	4 AOF	<del></del>		" Test Method			
										i de Milado				
I hereby certify	that the rul	es of the Oil Co	macryation Div	rision have be	en compl	ied	OU	CON	CEDVATIO					
nowledge and be	th and that the information given above is true and complete to the best of my owledge and belief.							OIL CONSERVATION DIVISION						
Who bishing						Approved t	Approved by: OPECINAL CHEMPO BY JUZZBY SEXTON							
Alan Ashley							Title: \$2006.00   SUPERVISOR							
Regulatory Administrator  11-21-94 Phone: 214-369-9266						Approval D	Approval Date: NOV 2 9 1994							
ale:														
445 15 8 (88	≖ge ot oper	acor IIII in the	OCKID numi	er and name	of the p	revious operator	•							
	Previous O	perator Signatu	ire			Printed !	Vause			Title		Date		

F 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 allov/able 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

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add ges transporter

CG Change gas transporter

RT Request for test allowable (Include or filing code from the following table:
New Well
Recompletion
Change of Operator
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
Request for test allowable (include volume

request for test allowable (include virginity for requested)

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

- The API number of this well
- The name of the pool for this completion 5.
- The pool code for this pool
- 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.
- The bottom hole location of this completion
- Lease code from the following table:
  F Federal
  S State
  P Fee
  J Jicarilla
  N Navajo
  U Ute Mountain Ute
  I Other Indian Tribe 12.

- 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. 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
- 17. MO/DA/YR of the expiration of C-129 approval for this completion
- 18. The gee or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- 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 assign a number and write it here. 20
- Product code from the following table:
  O Oil
  G Gae 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.
- Inside diameter of the well bore 30
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and 32.
- 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
- MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- Diameter of the choke used in the test 40.
- 41. Barrels of oil produced during the test
- 42. Berrels of water produced during the test
- 43. MCF of gas produced during the test
- 44 Gas well calculated absolute open flow in MCF/D
- The method used to test the well:

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.

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