

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  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
rgy, Minerals & Natural Resources Department

Form C-104  
Revised October 18, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address BURLINGTON RESOURCES OIL & GAS COMPANY P. O. BOX 51810 MIDLAND, TEXAS 79710-1810		<sup>2</sup> OGRID Number 26485	
<sup>4</sup> API Number 30-0 25-27017		<sup>5</sup> Pool Name GEM WOLFCAMP	
<sup>7</sup> Property Code 26485		<sup>9</sup> Well Number 1	
<sup>3</sup> Reason for Filing Code TEST ALLOWBLE OF 1000 BBLS		<sup>6</sup> Pool Code 27200	
<sup>8</sup> Property Name FEDERAL "AW"		<sup>10</sup> Surface Location	

II. Surface Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
E	26	19S	32E		1980	NORTH	660	WEST	LEA

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
E F	26	19S	32E		1973	NORTH	2275	WEST	LEA
<sup>12</sup> Lse Code F	<sup>13</sup> Producing Method Code P	<sup>14</sup> Gas Connection Date	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description
005097	CONOCO INC 10 DESTA DRIVE WEST, STE. 100W MIDLAND, TEXAS 79705	1361830	G	NOT CONNECTED YET. VENTING. WAITING ON SURF. COMM. APPROVAL & FLOWLINE.
007440	EOTT ENERGY OPERATING LP P. O. BOX 4666 HOUSTON, TEXAS 77210-4666	1361810	0	TEST TANKS ON LOCATION. WAITING ON SURF. COMMINGING APPROVAL & FLOWLINE
	Approval to flare casinghead gas from this well must be obtained from the SURFACE LAND MANAGEMENT (SLM)			

IV. Produced Water

<sup>23</sup> POD 1361850	<sup>24</sup> POD ULSTR Location and Description
------------------------------	--

V. Well Completion Data

<sup>25</sup> Spud Date 10-6-80	<sup>26</sup> Ready Date 1-3-98	<sup>27</sup> TD	<sup>28</sup> PBTB	<sup>29</sup> Perforations 10732-11212 TVD 10.735'-12.531'	<sup>30</sup> DHC, DC, MC TVD MO
<sup>31</sup> Hole Sie	<sup>32</sup> Casing & Tubing Size	<sup>33</sup> Depth Set	<sup>34</sup> Sacks Cement		
17-1/2"	13-3/8"	512'	475 SK		
12-1/4"	9-5/8"	5745'	1475 SK LITE, 510 SK H		
8-3/4"	5-1/2"	13,520'	1850SK LITE, 700SK H, 150SK C		
	2-7/8"	16,650'			

VI. Well Test Data

<sup>35</sup> Date New Oil 1-6-98	<sup>36</sup> Gas Delivery Date NOT CONNECTED	<sup>37</sup> Test Date 2-26-98	<sup>38</sup> Test Length 24 HRS	<sup>39</sup> Tbg. Pressure 200#	<sup>40</sup> Csg. Pressure 0
<sup>41</sup> Choke Size	<sup>42</sup> Oil	<sup>43</sup> Water	<sup>44</sup> Gas	<sup>45</sup> AOF	<sup>46</sup> Test Method
	21	72	10		p

<sup>47</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: Maria L. Perez  
Name: A L. PEREZ  
Title: DISTRICT REPRESENTATIVE  
Phone: 915-688-6906

OIL CONSERVATION DIVISION	
Approved by:	Chris Williams
Title:	DISTRICT 1 SUPERVISOR
Approval Date:	APR 13 1998

Range of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature Printed Name Title Date

New Mexico Oil Conservation Division  
C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT.

Report all gas volumes at 15.025 PSIA at 60 degrees.  
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
2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
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 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.
4. The API number of this well
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
10. The surface location of this completion NOTE: If the number 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.
11. The bottom hole location of this completion
12. Lease code from the following table:  
F Federal  
S State  
P Fee  
J Jicarilla  
N Navajo  
U Ute Mountain Ute  
I Other Indian Tribe
13. The producing method from the following table:  
F Flowing  
P Pumping or other artificial lift
14. MO/DA/YR that this completion was first connected to a gas transporter
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
17. MO/DA/YR of the expiration of C-129 approval for this completion
18. The gas or oil transporter's OGRID number
19. Name and address of transporter of the product
20. 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.
21. Product code from the following table:  
O Oil  
G Gas

22. 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.)
23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and the POD has no number the district office will assign a number and write it here.
24. The USLTR 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.)
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
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
36. MO/DA/YR that the following test was completed
37. Length in hours of the test
38. Flowing casing pressure – oil wells  
Shut-in casing pressure – gas wells
39. Flowing casing pressure – oil wells  
Shut-in casing pressure – gas wells
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.
46. 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.