District I PO Box 1988, Hobbs, NM 88241-1986

State of New Mexico
Energy, Minerals & Natural Resources Department

District II

PO Drawer DD, Artesia, NM \$2211-0719 District III

1000 Rio Brazos Rd., Aztec, NM 87410

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

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

District IV PO Box 2008, 1	Santa Fa M	M 97504 3000		Santa I	e, Ni	M 8/304	1-2088			X	AMEI	NDED REPO	
[.		REQUEST				ND AU	THOR	IZAT	ION TO TI	RANSP	ORT		
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GRUY PETROLEUM MANAGEMENT P O BOX 140907									162683				
IRVING, TX 75014-0907 $ ho$										Change of Operator (eff. 2/1/98)			
1/		Pool Name					Pool Code						
30 - 025-12730 /2773 EUMONT YATI						EN RIVE	ERS QUE		76480				
	roperty Cod	•	Property Name							' Well Number			
3/75-		Location	STATE C									#2	
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		Hole Loca	7	T									
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S		F		10/23/92					- tor tailting		CHI	Expiration Dat	
. Oil ai	nd Gas	Transporte	rs					1					
Transporter OGRID		" Transporter Name and Address				²⁴ POD ²¹ O/G			22 POD ULSTR Location and Description				
79UJU			PETROLEUM			489730 G					enpaioa	··	
tere de	888888	BOX 1589 SA, OK 7	74102			409730		G					
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¹⁴ Spu	d Date		Ready D	sle		n TD			» РВТО		" Pı	erforations	
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" Choke	Size	4 Oil											
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hereby certify	that the rule	cs of the Oil Con	servation D	ivision have been	complied								
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ted name:	ZENO FA	ARRIS				Title:		- •	<u> </u>	V,00.1		 	
MANAGER OPERATIONS ADMIN							Approval Date: AFR 1 1000						
MARCH	24, 199	3	Phone: 97:	2-401-3111				——————————————————————————————————————	1998				
lhis is a cha	inge of oper	ator fill in the O	GRID nun	ber and name of									
	Previous Os	erator Signature		MAGNUM I	HUNTE	R PROD	UCTION	I, INC	OGRID #1	49315		3-24-98	
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ZENOFARRAS Man. Ops. admin,

New Mexico Oil Conservation Division C-104 Instructions

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 filled 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 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.

- The API number of this well 4.
- The name of the pool for this completion
- 6 The pool code for this pool
- 7. 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.
- 11. The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla 12.

Navajo Uta Mountain Uta Other Indian Triba

The producing method code from the following table:
F Flowing
P Pumping or other artificial lift 13.

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

- The ULSTR location of this POD If it is different from th well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
- 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 24. well comple: (Example: " 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
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Inside diameter of the well bore 30.
- Outside diameter of the casing and tubing 31.
- 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 35.
- 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:

Pumping Swabbin

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.