## District I PO Box 1980, Hobbs, NM 18241-1980 District II

PO Drawer DD, Artesla, NM 88211-0719

State of New Mexico
Energy, Minerals & Natural Resources Department

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

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District III 1000 Rio Brazzos Rd., Azto		(		PO Box	ox 2088	) }		Sut	mit to	Appropri	iate District O 5 Co
District IV			Santa r	e, nn	M 87504	1-2088	3			H AM	ENDED REP
PO Box 2088, Santa Fe, N			ALLOWAB	RLE A	ND AT	тно	ነ የተረፈገ	የነባህ ፕር	" 'ለልወጥ		
		Operator n	ame and Address	8	ND	/ Law.	Risin	1014 10 .		GRID Numb	
AMERADA HES	SS CORPOR	RATION								00495	<b></b>
DRAWER D										on for Filing	Code
MONUMENT, N		CO 8826	<sub>-</sub> 5			-				NW	
<sup>4</sup> API Number 30 - 025-32391	*.				Pool Name			<del></del>	T		Pool Code
Property Coc	10	EUN	IICE MONUM		S/SA Property Na						3000
000143 13.		NOF	ואטוואט הבי		BLI RAYBURG SAN ANDRES			.K. 9	1		Yell Number
II. 10 Surface	e Location	1	III PIONOTE	NI un	ATDUNG	SAN	ANUKE.	S UNII	<u></u>	10	0
Ul or lot no. Section	Township	Range	Lot.1da	Feet from	m the	North/	South Line	e Feet from the	East	UWest line	County
J 25	198	36E		191	15	sr	OUTH	1843	<sub>E/</sub>	AST	LEA
. II Bottom								1		131	L L.r.v
UL or lot no. Section	Township	Range	Lot Ida	Feet fro	m the	North/	/South fine	Feet from the	East	West Loe	County
" Lee Code " Produc	icing Method Co	1 8 60		L		L					
S P	ang mouse of	• 1	Connection Date	*   " '	C-129 Permi	A Number	π   '	" C-129 Effective	e Date	" C-1	129 Expiration Da
III. Oil and Gas	Transpor	4-5 <sup>c</sup>	-94	<u></u>						Ц	
Transporter		Transporter !			<sup>H</sup> POI	D	31 O/G	Т	n POD	ULSTR Loc	.•
OGRID E	OTT FNFF	and Addres	LINE LIMIT	7FD			<u> </u> '		bas	d Description	a.
3/400 P	.O. BOX 4	4666			20210	The state of the s	0	UNIT 1,	SEC.	25, T	Γ-19S, R-3 DCATED AT
H	HOUSTON,	TEXAS 7	77210-466	6				NMGSAU I	BTRY.	NO. 3	JUATED AT 85
	ARREN PE 2.0. BOX		COMPANY		20230		G	UNIT I.	SEC.	. 25, T	Γ-19S, R-3
N. A. China China	ULSA, OK				20200		U .	WARREN SALES METER NO. 66 LOCATED AT NMGSAU BRTY NO 35			
			<del></del>					LUCATED	A I IV	MGSAU	BRIY NU 3
							D. Name of the	1		•	
								1			
								l .			
IV. Produced Wa						***************************************					
	UNIT	I, SEC.	. 25, T19°	S, R36	6E, PRI	Tuce	TO WATE	briggsp0s!	CD BY	, DICE	ENGINEERIN
V. Well Complet			JUNCTION	LOCAT	(ED AT	NMGS/	AU. BTR	(Y. NO. 35	.ט ט. 5	KIUL .	ENGINEEKI
Well Complete Spud Date	100 Data	H Ready Da		·						·	
2-3-94	4	- 5-94			מנו יי	1		» РВТО	_		Perforations
Hole Size			Casing & Tubing S	4142 Size	<del></del>		4( Depth Set	0421			830'-4042'
12-1/4"		9-5/	<del></del>	No.						N Sacks	
8-3/4"		7"	5		+		40'				CLASS 'C'
		<del> </del>	8" TUBING		+	<u>383</u>					CLASS 'C'
			3" TUDING	<u></u>	+	<u>· 400</u>	11	·			CLASS 'H'
VI. Well Test Da	ata	<u> </u>		<del></del>					IN 2	2-STAGE	ES
Date New Oil		divery Date	× Test 1	Date	7	Test Len	neth	" Tbg. Pr	en Pê	<del></del>	
3-22-94	4-5-9	94	· 4-18-9		ı	4 HRS		1	asu.		Cag. Pressure
" Choke Size	1	ON	<sup>⊄</sup> Wat		1	4 Gas		# AO	)F	+	Test Method
" t berehv certify that the ru	20		111			25		<u> </u>		,	PING
"I hereby certify that the rul with and that the information knowledge and belief.	given above is	onservation Dry true and comp	rision have been collect to the best of	omplied	- Charles			TAVIATO.	~~~ T		
Knowledge and belief, Signature:	11/	1			1	<u>ب</u> خ	P CON	NSERVATI	ONL	JIVISIC	ON
Printed name:	hele !	<del>/</del>	<del></del>		Approved b	7:		L SIGNED BY ISTRICT I SUI			N
R.L. WI		Title:				Aug .	<u></u>				
SUPR. A		Approval Date: MAY C 2 1994									
Date: 4-20-94		Phone: (50	05) 393-21	144							
e If this is a change of oper	rator fill in the	OGRID aumi	per and name of	the previo	ous operator	<del></del>					
	perator Signatu				<del></del>						
1	Commence of the contract of th	re			Printed N	(ame			Tid	Je	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 despend 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 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
- 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.

LAZ

Federal
State
Fee
Jicarilla
Navajo
Ute Mountain Ute
Other Indian Tribe

- 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.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- 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.

- T's 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", stc.) 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.
- 24. The ULSTR location of this POD if it is different from the all completion location and a short description of the POD xample: "Battery A Water Tank", "Jones CPD Water Well comple: (Example: Tank ,etc.)
- MO/DA/YR drilling commenced 25.
- 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
- 32. Depth of casing and tubing. If a casing finer show top and bottom.
- Number of eacks of cement used per casing string 33.

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.

- MO/DA/YR that new oil was first produced 34.
- 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
- Barrels of water produced during the test 42.
- 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.

- 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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