District [PO 30x 1986, Bobbs, NM \$8241-1986

State of New Mexico carry, Minerals & Natoral Resources Department

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

District II NO Drawer DD, Artesia, NM \$8211-0719

OIL CONSERVATION DIVISION
PO Roy 2088

Submit to Appropriate District Office

| 900 Rie Brazos Istrict IV | ı Rd., Anec | 4 NM 87410 | Santa Fe, NM 87504-2088 | | | | | | | 5 Copies | | | |
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| | | | | MC AME ACRES OF | ** | | | | | | ID Numb | er | _ |
| Amerad Drawer | | Corpora | ition | | | | | } | | 00049 | | Code | |
| | | w Mexico | 88265 | | | | | | I | | 3F a v | Ceae | |
| * A | API Number | | | | | Pool Name | | | *************************************** | NW | | Pool Code | |
| 30 - 025 - | | | Eumont | Yates 7 | 7RQ | | | | | | | 5480 | |
| | roperty Code | ė į | 25-40-1 | Ann | | roperty Name | | ris Carrieronia | 4-4 | | | Vell Number | |
| 00019 I. 10 S | | Location | | "J" Gas | Com | | · | | | <u></u> | | 8 | |
| U or lot Bo. | Section | Location | Range | Lot.lda | Feet from | - the | North/Sout | · Line | Feet from the | T Faul H | Vest line | Consta | |
| 0 | 2 | 20\$ | 36E | ĺ | 990 | | South | 1 | 2193 | 1 | 1 | County | |
| | 1 | Hole Loc | 1 1 | *************************************** | | | JUU | | 4130 | Lu | st | <u>Lea</u> | |
| UL or lot 20. | | Township | | Lot Ida | Feet from | on the | North/Sout | th line | Feet from the | East/W | Yest line | County | _ |
| | <u></u> | | | | | | | | | | | | |
| ¹¹ Lee Code | " Product | eing Method Co F | 1 | Connection Da | ate u C. | -129 Permit | Number | 14 | C-129 Effective | : Date | 17 C-1 | 1. 129 Expiration Date | |
| | -1 C36 | T | | -4-95 | | | · | <u></u> | | | 1 | | _ |
| Transpor | rter | Transpor | rters ' Transporter N | | | " POD | | 21 O/G | , | | | | _ |
| OGRID | <u> </u> | | and Address | 14 | | " I V L | | * O/G | | 2 POD UI and D | LSTR Los Descriptio | | _ |
| 024650 | W ₉ | arren Pe [.] . O. Box | troleum | Company | 1 12 | 81603 | 51 | G | Warren M | leter N | 10. 80 | 06, located | _ t |
| | | . O. Box ulsa, Ok. | | _ | | Ž. | | | in Unit | O, Sec | . 2, | T20S, R36E | <u>:</u> |
| internation | | | • - | *** *** ****************************** | | | | | (| | | | |
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| No. | 20010 | | | | - | | | | | | | | |
| *** | | | | | | | | | I | | | | |
| | | | | | | *** ********************************* | | | <u> </u> | | | | _ |
| A leader to the little | - A. C. | | | | | | | | l | | - | | • |
| | | ***************** | | | | | | | | | | | |
| V. Produ | uced Wa | ater | | | | | | | | - | | | _ |
| • | POD | | | | • | " POD ULS | TR Location | n and D | rescription . | | - | | |
| V. Well (| Comple | tion Data | | | | | • | | na 7 – P (1906) Mark de Milité Bronne Lémes vega | | | | |
| [™] Sp | pud Dete | HOII | ¹⁴ Ready Dai | ale T | - | " TD | | | " PBTD | | ; | Perforations | |
| 6-23 | 3-95 | | -31-95 | | 3560 | | | 3552 | | | 100 | reriorations - 3474 | |
| | M Hole Size | ŧ | | Casing & Tubi | | | | Depth Set | No. in contrast of the last of | | CONTRACT VINE | - 34/4* | _ |
| | (40') 8 | <u>& 11"</u> | | -5/8" | | | | 12' | | 150 sx | | + Additives | - |
| | 7-7/8" | | 5- | -1/2" | - | | 356 | 50' | ~~~ | | . C & | 300 sx. H | |
| | · · | | 2- | -3/8" | | <u> </u> | 330 |)5' | | | . + A | Additives | _ |
| 777 11 | | *************************************** | <u></u> | | | <u> </u> | | | | | | | _ |
| VI. Well Date N | | | D. 45 | <u> </u> | | | | ************************************** | | | ******** | | |
| Des. | (cw Us | 1 | divery Date | 1 | Test Date 14-95 | 1 | Test Leagn Hours | , 1 | * Tbg. P | | T | " Cag. Pressure | • |
| " Choke | e Size | - | -95 -01 | The second second | 14-95 Water | 4٦. | Hours C. | en e | 30# | | | 30# Test Method | - |
| 2" Full | 0pen | (| -0- | - | -0- | | 900 | 1 | 900 | OF | | * Test Method F | |
| " I hereby certil | ify that the ru | what of the Oil C | Conservation Dir | ivision have be | con complet | | Market Branch | | | | | | ٦ |
| with and that the knowledge and t | be information | a given above _ | is true and comp | icie to the oca , | # of my | ł | | | NSERVAT | TION D | | | |
| Signature | K K | 11/411 | lu 4 | | | Approved b | by: ORIC | 6 15 | | r in tra Mysill | | Ŋ | |
| | R. L. V | Wheeler, | Jr. | | | Title: | | ati for soundary ago, po | | TO THE SHOWLD WITH SHOULD BE | | | 1 |
| Tieles | | Svc. Co | | | | Approval D |)ste: | langus sülden der met der met | Mark Proposition Occupations | OCT | 86 | 1995 | + |
| Dete: 9-2 | 1-95 | | Phone: 50 | 05 393-2 | | | | allowership class | | | | | + |
| " If this is a ci | page of epe | erator (M in th | he OGRID bus | Ward State of Control | | tous operator | AND THE PROPERTY OF THE PARTY O | Acres de la companya del companya de la companya del companya de la companya de l | ider in generalistik kantari di Silandari di | An administrative Party. Property of the Control o | THE RESERVE THE PROPERTY OF T | | Ħ |
| | | Operator State | | ************************************** | | | ESSENANT STREET, A | CARLET PARE ON | es forth a torrule or country (ISS) forther | and to describe the party of the second | | CONTROL CONTRO | 1 |
| | Treasus o | Measter of season | sture | | | Printed 1 | Name | | | Ta | ile | Date | ٦ |

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 allowable for a newly drilled or despend well must be accompanied by a tabulation of the deviation tasts conducted in accordance with Rule 111,

All sections of this form must be filled out for sllowable requests on new and recompleted walls.

FIR 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.
- 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) 3.
 - 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
- 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:
 F Federal
 S State
 P Fee
 J Jicarilla 12. Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: 13. Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14.
- 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
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- 18. The gas or oil transporter's OGRID mumber
- 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.

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Product code from the following table:

O Oil
G Gas 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.)
- The POO number of the storage from which water is moved from this property. If this is a new well or recompletion and this POO 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
- Plugback vertical depth 28
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 30. Incide diameter of the well bore
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and bottom. $% \left(1\right) =\left(1\right) \left(1\right)$ 32.
- 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.

- 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. Langth in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- 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

81: 4

- MCF of gas produced during the test 43.
- 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.

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, 74;

- 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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