District I PO Box 1960, Hobbs, NM 88241-1960 District II

PO Drawer DD, Artenia, NM \$2211-0719

1000 Rio Brazos Rd., Aztec, NM 87410

District III

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

Since of New Mexico

B, Minerals & Natural Resources Department

Form C-104 Revised February 21, 1994 Instructions on back

Submit to Appropriate District Office 5 Copies

РО	Box	2068.	Santa	Fe.	NM	87504-2088
		,	-			

Pistrict IV O Box 2003, S					·	. I A . CITA A					AMENDED REPORT		
 	к	EQUES		LLOWA		AND AL	JTHOR	RIZA II	ION TO TR	ANSPO ' OGRID N			
Gruy Petroleum Management Co.									162683				
P. O. Box 140907											Reason for Filing Code		
		5014-090	7			·· ·			Request for	POD's fo	or.Gas, Oil, W		
4A 30 - 025-3	API Number				-· ,	Pool Nam	Pool Name				* Pool Code		
	roperty Code	-				es Yates 7	Yates 7 R's Gas				83810 * Well Number		
え	1.	ġ :				- •	• •				6		
		Location	n .										
Ul or lot no.	Section	Township		Lot.Idn	Feet f	rom the	the North/South Line		Feet from the	East/West I	ine County		
1	17	26S	37E	9	16	550'	' South		660'	East	Lea		
11]		Hole Lo					- 						
UL or lot no.	Section	Township	p Range	Lot Ids	Feet f	from the	the North/South line		Feet from the	East/West I	ine County		
12 Lac Code	20.40	. 54-35-47	- 1 Mg:			14 C 170 D							
F Lac Code		ing Method ([Connection Da	ate "	* C-129 Perm	-129 Permit Number		C-129 Effective I)ate '	" C-129 Expiration Date		
		Transpo	i)/15/98				—					
Transport	rter		" Transporter !			³⁴ РО	D	²¹ O/G	21	POD ULSTI	POD ULSTR Location		
OGRID	<u> </u>	id Richard	and Addres								and Description		
20809			ason Street, Suite	a 3000	is.	2822E	20D	G					
	F	ort Worth	, TX 76102				Cooks						
013063	, ,	antern Oil			-	2822	659	0		· · · · · · · · · · · · · · · · · · ·			
	7.\	O. Box 22 idland, TX											
		diaria,	10102								· · · · · · · · · · · · · · · · · · ·		
-32454.042.77													
													
					L				-				
		:							i				
V. Produ	iced Wa	iter			- Price	***************************************		<u> </u>			 		
	POD			***************************************		[™] POD UL	STR Loca	tion and D	escription	**************************************			
2822					 								
V. Well C		ion Data											
¹¹ Spud Date			²⁴ Ready Date			n TD		ı	¹¹ PBTD		3º Perforations		
7-13-	-98 ** Hole Size		10-15-98 31 Casing & Tubing Size			4025'		·	3295'		934' - 3201'		
	·1/4"							Depth Set			Sacks Cement		
	-1/4" -7/8"		8-5/8" 5-1/2"			_		774'	475 sx				
	-110		- 				4025'		750 sx				
			2-3	/8"				3174'					
I. Well	Test Da	· to											
Date Ne			Delivery Date	<u> </u>	Cest Date		37 Test Le	not h	³⁴ Tbg. Pre		P Csg. Pressure		
			5-98	l	10-28-98			-		Maure	-		
10-15-98 10-1 "Choke Size		4 Oil						100 " AO	F	15 4 Test Method			
Ful	Full		2.32 5		5	i	98				Pumping		
I hereby certif	ly that the ru	les of the Oil	Conservation D	ivision have br	een compli	ied							
viti and that the inowledge and b		given above	is true and com	piete to the bea	it of my		O		NSERVATI				
ignature: Ausan Morse						Approve	Approved by: ORIGINAL SIGNED BY CHEIS WILLIAMS OISTRICT I SUPERVISOR						
Printed name:			// -			Title:		-					
Susan Morse File: Senior Production Analyst						Approva	Approval Date:						
Date:	Jan 11,				FEB 0 5 1999								
" If this is a ct			the OGRID num	972) 401-3 ⁻		revious opera	lor						
						•							
	Previous C	Operator Sign	nature			Print	ed Name			Title	Data		

Date

Title

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 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
- The name of the pool for this completion 5.
- 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:
 F Federal
 S State
 P Fee
 J Jicarilla 12.

SPJ

NU

Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table: 13. Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a gas transporter 14.
- 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 17. 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 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
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhols 29.
- Inside dismeter of the well bore 30.
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and
- 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
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- 39. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- Diameter of the choke used in the test 40
- 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.