District I PO Box 1980, Hobbs, NM \$8241-1980

State of New Mexico

Form C-104

Energy, Minerals & Natural Resources Department 7 20

Revised February 10, 1994

Instructions on back

District [] PO Drawer DD, Artesia, NM \$8211-0719

OIL CONSERVATION DIVISION AND A SUBSTITUTE AND

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strict [V				Santa	re, N	M 8750	4-2088				MENDED REP	
Box 2068, S		M 87504-2088 REOUES	T FOR A	ALLOWA	RIF	AND AT	ITU (D	17 47	TON TO T			
		(0-0	Operator a	ame and Addr	COLL 7	MD AC	INUK	IZAI	ION IO I	OGRID Nea		
Co11:												
Collins & Ware, Inc. 508 W. Wall, Suite 1200										004874 Reason for Flling Code		
		exas 797				•			1		• ••••	
٠,٨	PI Numbe	•	(J-)	CAR 1581	40	Pool Nam		—	RC			
0-015-	-27032		Undes	ignated	camp) RECE			IVED ' Pool Code				
' Pr	operty Coo	de			Property Name			* Well Namber				
. 013134 . Surface Location			Ram Ewe Federal Con			m nrt			1 1. '0/	14.'94		
	Surface	Location							14.07			
or lot no.	Section	Township	Range	Lot.ldn	Feet fr	om the	North/Son	uh Life.	Cost Diom the	East/West line	County	
J	33	22S	26E		1	980	Sou	th ARTES	a. Office	East	Eddy	
		Hole Loc	ation	· · · · · · · · · · · · · · · · · · ·						<u> </u>	1	
or lot no.	Section	Township	Range	Lot Ida	Feet fr	om the	North/South line		Feet from the	East/West line	County	
J Lee Code	33	<u>22S</u>	26E			980	Sou	th	1980	East	Eddy	
- 1		ring Method Co	rde l'Gas	Connection De	ide 16	C-129 Permi	t Number	'	C-129 Effective [ete "C-	129 Expiration De	
F	F Co-	T				 .						
Oil an	id Gas	Transport										
OGRID		17 Transporter Name and Address				²⁰ POD ²¹ O/G			²² POD ULSTR Location and Description			
01341		Llano, Inc.			,	2805513 G		<u> </u>	UL G, Sec 15, T 23S, R 26E			
		921 W. Sanger Hobbs, New Mexico 88240				2803313 G		Custody Transfer Meter				
00077									Custody	Transfer	Meter	
000778 Amoco Pipeline ICT 502 NW Avenue					1	2805512 0			UL J, Sec 33, T 22S, R 26E			
Levelland, Tex				s 79336			Tank Battery					
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Produc	ced Wa	ater										
" PC						POD ULS	TR Locatio	and De	escription		· · · · · · · · · · · · · · · · · · ·	
28055		_ UI	J, Sec	33, T	22s, F	R 26E	(Tank	Batt	ery)			
Spud		ion Data	14 D 4- D									
5-2-93			¹⁴ Ready Date			"TD			* PBTO	j	" Perforations	
3-2-93 Hole Size			7-6-93 31 Casing & Tubing Size						938' 9450-9540			
17 1/2						Depth Set					Cement	
12 1/4			13 3/8			471				525		
			9 5/8			1659				600		
8 1/2			7			9011				1075 (2 stages)		
8 1/2 4 1/2 (Liner) Well Test Data 2 3/8 (Tubina)						8767-11750				360		
Well I Mate New			2 3/8				9337				·	
Date (168	, Ou	™ Gas Deli		" Test Date		" Test Length		м Tog. Pressure м Сsg. 1		Csg. Pressure		
" Choke Size		7/26/94		9/12/94		24 hrs		70		o		
pen		_	Water		ater	⁴ Gas			" AOF		4 Test Method	
reby certify	that the rule	es of the Oil Co	nservation Div	0			88		.88		F	
no unit une u	DODING	given above is t	rue prid compi	ete to the best o	complied fmy		OII	CON	SERVATIO	N DIVICE	ONI	
vledge and belief.						OIL CONSERVATION DIVISION						
name:	all .		Approved by: SUPERVISOR, DISTRICT II									
			Title:									
Production Clerk						Approval Date:						
	5) 687-3	435	OCT 3 1 1994									
is is a chan	ge of oper	ator fill in the (OGRID numi	er and name o	f the previ	ous operator						
					_	•						
P	revious Op	perator Signatu	re			Printed N	ame			Title	Date	

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.

- Operator's name and address 1.
- 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 requested) 3.

allowable (Include volume request for test allowable (include viring requested)

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 Б.
- The pool code for this pool 6.
- The property code for this completion
- The property name (well name) for this completion 8.
- The well number for this completion 9.
- 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.
- The bottom hole location of this completion 11.
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla 12.

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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 17.
- The gas or oil transporter's OGRID number 18.
- 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: 21.

Oil Gas

- 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 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.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- 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.
- 30. Inside 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. 32.
- Number of sacks 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.
- MO/DA/YR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36.
- Length in hours of the test 37.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells **39**.
- Diameter of the choke used in the test 40.
- Barrels of oil produced during the test 41.
- Barrels of water produced during the test 42.
- MCF of gas produced during the test 43.
- Gas well calculated absolute open flow in MCF/D 44.
- The method used to test the well: 45.

Flowing Pumping 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.