<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 District II

DECEMBER 10, 2001 Phone (915) 684-7441

<u>District I</u> 1625 N. French I District II	Dr., Hob	bs, NM	88240	) Li		State of Ne Minerals &		-		CF	,	Refo	Form C-104 ormatted July 20, 2001	
1301 W. Grand A District III 1000 Rio Brazos District IV 1220 S. St. France	s Rd., Az	tec, NM	187410		12:	l Conservat 20 South St Santa Fe, N	t. Francis	Dr.		ب بر ر	Submit	,	ropriate District Office 5 Copies AMENDED REPORT	
	I.					OWABLE								
<sup>1</sup> Operator n			<sup>2</sup> OGRID Numbal <b>014007</b>											
MARA P. C	AND, TX	/	<sup>3</sup> Reason for Filing Code/ Effective Date					tive Date						
<sup>4</sup> API Numbe			l Name			····		<u> </u>	NW/	/11/15/01 6 Pool Code				
30 - 0015-3  Property C		8 Pro	Nerty Nan		/; DELAWARE			n -		J	545			
2111	18					"31" FEDE	RAL		······································		Well 3	Numbe	er 	
III or lot no.	rface		io <b>n</b> washin	Range	Lot.ldn	Feet from th	e North/South Line Feet from t			the	ne East/West line County			
B 31		23S 30E				660			1650				EDDY	
			ocatio											
UL or lot no. Secti		ion Township		Range Lot Idn		Feet from th	North/South line		Feet from the		East/West line		County	
12 Lse Code 13		Producing		14 Gas		<sup>15</sup> C-129 Pe	rmit Numbe	nit Number 16 (		tive D	Date 17 C-1		29 Exniration Date	
III. Oil a		s Tra				70		21 O/			32			
<sup>18</sup> Transporter OGRID			<sup>19</sup> Transporter Name and Address				POD				OULSTR Location and Description			
			-	FINING (		281	8901	0			-30-23S-30E			
				4AIN ST. ■M 8821						GOLD RUSH "30" FEDERAL #7				
036785					SVCS 1	NC. 2818	902 G			P-30-23S-30E GOLD RUSH "30" FEDERAL #7				
			. BOX AND. 7	50020 FX 79710	)-0020				e	OLD R	USH <b>"</b> 30	)" FED	ERAL #7	
							3777							
					<del></del>						<del></del>		<b></b>	
												, -	DE050	
IV. Prod	luced V	Vate	 r								<del></del>	<del>i - }</del>	RECEIVED OCD - ARTESIA	
13 POD		<sup>24</sup> POD ULSTR Location and Descripti P-30-23S-30E, GOLD RUSH *30					on T repend		To the state of th					
2818903			L	SU-235	SUE, GUL	D KUSH -30			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
V. Well Com			Data Ready 1	Date	1	<sup>27</sup> TD	28 PBTD		<sup>29</sup> Perforations		ns	30 DHC, MC		
09/12/01		11/15/01			73	3031	7247		7085 - 7095'		5'	-		
31 Ho	le Size	e 32 Casing			& Tubin	& Tubing Size		<sup>33</sup> Depth Se				<sup>34</sup> Sacks Cement 5/65 POZ C		
17₺	13-3/8					670			250 "C" (TAIL)					
121/4	8-5/8					3235			900 50/50 POZ 200 "C" (TAIL)					
									<del>-</del>	580 35/65 POZ C				
7-7/8	5-1/2					73		250 "C"						
VI. Well	Test I	Data	1,			·				l			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
35 Date New Oil 36 Gas Delivery Date 37 Test Da						est Date	38 Test Length			<sup>39</sup> Tbg. Pressure <sup>40</sup> Csg. Pressur			40 Csg. Pressure	
11/15/01		1	1/15/0		//		24 HRS				-		-	
41 Choke Size			<sup>42</sup> Oil <b>90</b>		<sup>43</sup> Wa 211			<sup>44</sup> Gas <b>201</b>		45	<sup>45</sup> AOF		46 Test Method PUMPING	
17 I hereby certify that the rules of the Oil Conservation Division have									OIL CON	SERVA	TION D	<u>l</u> IVISION		
ocen complied	with an	d that	the infor	rmation gi	ven above		1961	,						
Signature:							Approved t	oy:	RIGINA	gici	NED BI	Y TIM	W. GUM	
rinted name:	ndl	Res	1	aga	v	<b>-</b>	Title:		ISTRICT					
DOROTHEA LOGAN														
l'itle: REGULATORY ANALYST							Approval Date:							

## New Mexico Oil Conservation Division C-104 Instructions

Please Note: Use form C-104A for "Change of Operator" and form C-104B for "Change of Operator Name".

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "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 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

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

  - Fee Jicarilla
  - N
  - Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table:
  F Flowing
  P Pumping or other artificial lift 13.
- MM/DD/YY that this completion was first connected to a gas 14. transporter.
- The permit number from the District approved C-129 for this completion. 15.
- 16. MM/DD/YY of the C-129 approval for this completion.
- MM/DD/YY of the expiration of C-129 approval for this completion. 17.
- 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.

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- 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.
- 26. 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.
- Write in 'DHC' if this completion is downhole commingled with another completion or 'MC' if there is more than one non-commingled completion in this well bore. Attach actual completed well bore diagram 30.
- 31. Outside diameter of the casing and tubing.
- Depth of casing and tubing. If a casing liner, show top and bottom. 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. MM/DD/YY that new oil was first produced.
- 35. MM/DD/YY that gas was first produced into a pipeline.
- 36. MM/DD/YY 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.
- The method used to test the well: 45.

  - Property of the first the went of the first
- 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.

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