State of New Mexico

PO Drawer DD, Artesia, NM 88211-0719

Instructions on back

OIL CONSERVATION DIVISION All 2 Sabinit to Appropriate District Office PO Box 2088
Santa Fe, NM 87504-20880 LL CONSERVATION AMENDED REPORT District III 5 Copies 1000 Rio Brazos Rd., Aztec, NM 87410 DIN. 3 PO Box 2088, Santa Fe, NM 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address ¹ OGRID Number EOG (New Mexico) Inc. 621 17th St., Suite 1800 26782 Reason for Filing Code 80293 Denver, Co. CH ⁴ API Number 5 Pool Name · Pool Code 30 - 0 39-8232 So. Blanco, Pictured Cliffs 72439 ² Property Code * Property Name ' Well Number 7.5% 004439 Sunico Federal 3 ¹⁰ Surface Location Π. Ul or lot no. | Section Township Range Lot.Idn Feet from the North/South Line Feet from the East/West line 24N 1W 1850 790 South East Rio Arriba 11 Bottom Hole Location UL or lot no. Section Township Range Lot Ida Feet from the North/South line Feet from the East/West line County 30 24N 1850 790 South East Rio Arriba 11 Lse Code 12 Producing Method Code 14 Gas Connection Date 15 C-129 Permit Number 1 C-129 Effective Date " C-129 Expiration Date 1962 Unknown Unknown Unknown III. Oil and Gas Transporters Transporter " Transporter Name 16 POD 21 O/G " POD ULSTR Location OGRID and Address and Description El Paso Natural Gas Co. 007057 0984830 G P. O. Box 1492 I-30-24N-01W El Paso, Texas 79978 Produced Water uoq " 24 POD ULSTR Location and Description I-30-24N-01W - 人に心を **Unknown** Well Completion Data Spud Date 2 Ready Date " PBTD 1º Perforations 30 Hole Size 11 Casing & Tubing Size 32 Depth Set 13 Sucks Cement VI. Well Test Data Dute New Oil 35 Gas Delivery Date " Test Length 3 Test Date " Thg. Pressure " Cag. Pressure 4 Choke Size 41 Oil 42 Water 41 Gus 4 AOF " Test Method 48 I hereby certify that the rules of the Oil Conservation Division have been complied

with and that the information given above is true and complete to the best of my OIL CONSERVATION DIVISION knowledge and belief. 27.8 Signature: Approved by: SUPERVISOR DISTRICT #3 Printed name: Title: Conni Smith Title Approval Date: AUG 2 9 1994 Sr. Engineering Technician Phone: (303) 293-9999 8/2/2/94 If this is a change of operator fill in the OGRID number and name of the previous E. L. Fundingsland Previous Operator Signature Printed Name 006640 7400 E. Orchard Rd., #240, Englewood, CO 80111

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: 12.

Federal State Fee Jicarilla

N 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.
- MO/DA/YR that this completion was first connected to a 14.
- gas transporter 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 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
- 21. Product code from the following table:
 O Oil
 G 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.) 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
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28 Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and

bottom.

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.
- 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
- 45. The method used to test the well: 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.