District I

PO Box 1980, Hobbs, NM 88241-1980

District II

PO Drawer DD, Arlesia, NM 88211-0719

District lu

1000 Rio Brazos Rd., Aztec, NM 87410

Energy, Minerals & Natural Resources Department

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

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

State of New Mexico

Submit to Appropriate District Office 5 Copies

strict IV								L		AMENDED R	EPORT	
	anta Fe, NM 875		A 1 1 4		AND ALIT	µ∩рі7∧ті		ANCD	ORT			
						HUKIZA I I	ON TO TR			ZID Numbe	er	
		ame and A			² OGRID Number							
curtis J. Lit	tle Oil and		£+13	ective L	Tive Date			005493				
O. Box 12			أركار	lec. 1,	ctive Date			³ Reason for Filing Code				
	, NM 874	99-125	8			,		· · · · · · · · · · · · · · · · · · ·		CH		
⁴ API Nu		- Miskumad i	⁵ Pool Nar		1	⁶ Pool Code 72439						
0-039-064		Blanco Pictured Cliff South (F							⁹ Well Number			
⁷ Propert 0217 8	-			SCOTT 6		ii c				001	•	
	¹º Surface l	ocatio		00011 1								
Т	Section	Township		Range Lot, Idn		Feet from the	North/South Line	Feet from	the I	East/West line	County	
_	13	26N		06W	L	1650'	South	990'		West	Rio Arriba	
11 Bottom F		lole Location										
L or lot no.	Section	Township		Range	Lot. ldn	Feet from the	North/South Line	Feet from		East/West line	1	
	13	26N		06W	L	1650'	South	990'		West	Rio Arriba	
Lse Code	11Producing Meth	od Code	14 Gas C	onnection Date	15 C-129 Permit	Number	16 C-129 Effective	Date	ľ	17 C-129 Expirati	ion Dat e	
	F				<u> </u>							
II. Oil and	Gas Trans					1 ~		21	T	22 000 1 2 -	rp.1*-	
Transporter		¹⁹ Transporter Name				²⁰ POD	²¹ O/G					
OGRID		10 -		Address		0627930		G		and Desc	приоп	
08503		Gas Co		of New Mexico	•	0627930						
		8		e M 87158-261:	2							
		Albuque	ique, i	107100 2017								
											Target Services and Carlot (Services)	
											CEIM	
V Drode	used Motor	a						• • • • • • • • • • • • • • • • • • • •		NO NO		
	uced Water	<u> </u>			24 DOD 111	STRIOCO	ion and Des	crintin			, , ,	
POD	2295	0			POD O	_STR LUCAI	IIIII and Des	scriptio	•			
N/A (20011)										DIST. 3	
	Completion				T		Inc		I			
²⁵ Spud Date		²⁶ Ready Date ²⁷ TD				²⁸ PBTD		²⁹ Perforations				
30 Hole Size		³¹ Casing & Tubing Size				³² Depth Size			33 Sacks Cement			
					 -							
			 		·····	 			 			
			L			<u> </u>			J			
VI. Well	Test Data			T				Tan =		20.0		
34 Date New Oil		35 G	as Del	36 Test Date		37 Test Length		38 Tbg. Pr		39 Csg. Pressure		
		<u> </u>								 		
40 Choke	Size	41 Oi	il	42 Water		43 Gas		44 AC	OF	45 Test M	/lethod	
⁴⁶ I hereby cert	ify that the rules	of the Oil	Conserv	ation Division h	ave been	0	II CONSE	RVAT	ΓΙΟΝ	DIVISIO	N	
	and that the info wledge and beli		ven abo	ve is true and co	ompiere 10 the		OIL CONSERVATION DIVISION					
Orginator of the control of the cont						Approved By:						
Julia + Sittle						37.8						
Printed Name	# P		1	77		Title:	SUPE	RVISC)R DI	STRICT	#3	
Sy	lvia F.	Little	Э						م نه			
Title:						Approval Da	ate:	NOV	14	1994		
								· · · · · · · · · · · · · · · · · · ·				
Date: 11	-9-94		Phone	: 505-327	7-6176							
	a change o	of opert	aor fil	I in the OG	RID numbe	er and name	e of the prev	/ious o _l	perato	r.		
		- (Brung	<i>j</i> ·	· •					
	Previous Op	orater ad	Inatura	/	() 1 -476 6(Printed Nar	ne		Title		Date	
	Fievious Op	eratu	griature		Morris B. Jo		President	OGRII	D # 002	744 11–	09-94	
	WIAL I		7		morris B. Jo	,,,e2	ricsidelit	UGINI	J 17 UUZ	 	<u> </u>	

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.

FM 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 filled for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- Operator's name and address
- Ž. Operator's OGRID number. If you do not have one it will be sesigned and filled in by the District office.
- 3.

Réason for filing côde 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 ges transporter

CG Change ges transporter

RT Request for test silowable (include volume requested)

If for any other reason write that reason in this box.

- The API number of this well
- The name of the pool for this completion 5.
- The pool code for this pool
- The property code for this completion
- The property name (well name) for this completion
- 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. If the
- 11. The bottom hole location of this completion
- Lease code from the following table:
 Federal
 State
 P Fee
 J Jicarilla 12.

Navájo 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 seeigned 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 Ges

- T: e 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 seeign 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.
- 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.
- 30. Incide 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
- Number of sacks of coment 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.
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- 38. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- 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
- Gas well calculated sheolute open flow in MCF/D
- 45. The method used to test the well: Flowing Pumping Swebbin 8 Swabbing
 If other method please write it in.
- The eignature, 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