## Histrict I PO Box 1980, Hobbs, NM 88241-1980

District II

PO Drawer DD, Artesia, NM 88211-0719

OIL CONSERVATION DIVISION

Form C-104 Revised February 21, 1994 Instructions on back
Submit to Appropriate District Office

State of New Mexico Energy, Minerals & Natural Resources Department

District III					PO Box				*			5 Сори	es	
000 Rio Brazos  intrict IV	Rd., Aztec,	NM 87410		Santa 1	Fe, NM 8	87504	-2088	•			Таме	ENDED REPOR	т	
715 Hox 2088, S	anta Fe, NM	87504-2088								_	_		٠	
l <b>.</b>	RE	EQUEST	FOR AL	LOWAL	3LE ANI	O AU	THOR	IZATI	ON TO TR					
		<b></b>	Operator nam	3	<sup>1</sup> OGRID Num					D Numb	er			
Amoco Production Company							778							
P.O. Box 800									' Reason for Filing Code					
Denver	co co	80201						}	RC					
<sup>4</sup> API Number <sup>5</sup> Pe							ol Name Poul Code						_	
30 - 04510481			Blanco Mesaverde						72319					
Property Code			Property Name						* Well Number			ell Number		
0/6			Mudge B								26			
10 (	Surface I	ocation		·						<b>-</b>				
Ul or lot no.	Section	Township	Range	Lot.ldn	Feet from t	he	North/So	uth Line	Feet from the	East/W	cat line	County	_	
L	21	31N	11W		1450'		South		1190'	90' West		San Juan		
	Bottom F				1.130					l		l	_	
	Section F	Township	Range	Lot Idn	Feet from	the	North/S	outh line	Feet from the	East/West line		County		
UL or lot no.	Section	towaranh	Kange	1201 1011	Teet Hour		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		*****					
	1	24.1.4.0	1 40 6	Connection Da	1 1 1 1 1 1 1 1 1	20 Parmi	t Number		C-129 Effective I	Dute	" C.	129 Expiration Date	_	
12 Lise Code	Producin	g Method Co	GE GES C	Oppection 1/8		27 1 Ci iii	it (vouite)		C-127 BACCING	,				
F									<del></del>		L		_	
III. Oil a					<del></del>	14 PO		l n ova l		1 twiti til	1 6372 1			
Transpor		19	" Transporter Name and Address				D	" O/G	22 POD ULSTR Location and Description					
		Dage N	Natural		'o ~	7 10 1	7.32	_					_	
007057		Paso i		Gas C	.0.	73%	90	G						
	20612222222		ton, NM 87499											
Meridian Oil co.							7 17		,					
014546	4935595768	). Box			543910 o				•					
	Fai	cmingto	on, NM	87499									_	
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<b>V</b>	2533001													
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	uced Wa	ter				200 111			<u> </u>	.an c	3 (D)N	n 15100		
	POD					POD UL	SIK IACE	itio <b>n ang i</b>	escription ()		Q(0)[y			
	325U									[	गाडार	. 3		
V. Well		ion Data			<u> </u>					····				
13 Spud Date			<sup>2</sup> Ready Date			" TI)			" PBTD		" Perforations 4773' -5054'			
6/27/61 1			1/8/94 7225'			720			00'					
34 Hole Size			<sup>31</sup> Casing & Tubing Size			11 Depth Set			t <sup>13</sup> Sucks Cement			ks Cement		
15"			10-3/4"			279'			220 sx					
9-7/8"			7-5/8"				2689'			300 sx, 4% gel				
						7214'			4	410 sx				
6-1/4"			4-1/2"											
L			2-3/8	3" Tbg		714	47 <b>'</b>							
VI. Well						,		···						
Date	New Oil	ļ	a Delivery Date 4 Test Date			" Test Length			" Tbg. I	Lezante		" Cag. Pressure 405		
\$I W/		\$I W/O	1st De	/7/94	94 64 hrs			305			403			
4 Choke Size			<sup>41</sup> Oil		Waler		45 Gus		" A		į.			
1/2"		0	0 12		2 BBL	:	2000 MCF		2000	) MCF	ICF F			
* I hereby cer	tify that the ru	iles of the Oil	Conservation D	ivision have b	cen complied	<del></del>	<del></del>					21011	=	
* 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							0	IL CO	NSERVAT	ION I	DIVIS	SION		
knowledge and belief.						Approved by:								
Signature: Villas Kalahar							SUPERVISOR DISTRICT #3							
Printed name: Dallas Kalahar							Title:							
Title:			ness Analyst				Approval Date: JAN 0 9 1995							
Date: //			Phone 303 830-5129				MATTER STORY							
	<u>-17-</u>					inus and	rater						=	
" If this is a	change of op	erator III iu	the OGRID nu	moer and ha	me or the prev	was ope	. 6171							
<b> </b>		O tuz Elus				Print	ted Name			•1	litle	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.

- 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

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
- 5. The name of the pool for this completion
- 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
- 12. Lease code from the following table:

Federal State

13.

Jicarilla

J

- Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table:
  F Flowing
  P Pumping or other artificial lift 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
- 17. MO/DA/YR of the expiration of C-129 approval for this
- 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: Oil

- The ULSTR location of this POD if it is different from the 22 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.
- 24. The ULSTR location of this POD if it is different from the completion location and a short description of the POD mple: "Battery A Water Tank", "Jones CPD Water well complet (Example: " Tank",etc.)
- 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
- 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. 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: F Flowing
  P Pumping
  S Swabbing
  If other method please write it in.

46.

- 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
- 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.