District I PO Box 1980, Hobbs, NM 88241-1980 District II 811 South First, Artesia, NM 88210 District III			(Energy, Miner OIL CONS	lew Mexico ural Resources Department ATION DIVISION th Pacheco			Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office 5 Conjections					
1000 Rio Brazos Rd., Aztec, NM 87410 District IV					NM 87505			5 Copies AMENDED REPORT					
2040 South Pacheco, Santa Fe, NM 87505 I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT													
_		55		² OGRID Number									
EnerVest San Juan Operating, L.L.C. 570 Turner Drive, Unit B									14373 /58727				
Durango, CO 81301 (970)247-1500								Reason for Filing Code					
⁴ API Number			⁵ Pool Name						Pool Code			Pool Code	
30 - 0 45-28827			Basin Fruitland Coal					_	71629				
' Property Code / 96 3)			Horton (CB-22						1 Well Number				
II. 10		Location											
Ul or lot no.	" ا مر		Range Lot.ldn		Feet from the		North/South Line		Feet from the	East/West line County East Son king			
	22 321					North			1375 East San Juan				
UL or lot no.	Bottom Hole Lo					from the North/South line			Feet from the	East/West line County			
												County	
" Lee Code?	¹³ Produci	ng Method C	ode 14 Gas	Connection Dat	ie ¹⁵ (C-129 Perm	it Number	7	C-129 Effective	Date	" C-	129 Expiration Date	
III. Oil a	nd Gas '	Transpor	ters					<u></u>					
Transporter 19 Transporter Name 20 POD 21 O/G 22 POD ULSTR Location										cation			
OGRID			and Address						and Description				
		 -										e i i proposant in contrata de la serie i serie i serie i se	
								te a lass					
		·			arija wa			DECEMBER					
IV Produ	iced Wa	ter								S	EP 1	6 1996	
	OD			 		" POD UL	TR Locatio	n and D	escription		(60	Ma DIW	
									DIST. 3				
		on Data											
²⁸ Spud Date ²⁸			Ready Date 27 TD			* PSTD			²⁹ Perforations		³⁰ DHC, DC,MC		
31 Hole Size			32 Casing & Tubing Size			33 Depth Set			<u> </u>	³⁴ Sacks Cement			
VI. Well	Test Dat	2											
I. Well Test Data "Date New Oil Gas Deliv			livery Date 37 Test Date			³⁶ Test Length			" Tbg. Pressure				
							s cor regign		i og. Fressure		** Csg. Pressure		
41 Choke Size		42 Oil		43 Water			4 Gas		⁶ AOF		4 Test Method		
47 I hereby certify	that the rule	s of the Oil C	Onservation Div	vision have been	complied					-			
**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 knowledge and belief												ON	
Signature:	/6/11	B. W.	ac -		Approved by:								
Printed name:		Title: SUPERVISOR DISTRICT #3											
Title:	John Lice-H	<u>ి. 3.</u>	Welko lent		Approval Date:								
Date: 95	96		Phone 9	10-247-	1500			SEP 1 6 1996					
* If this is a cha	inge of opera	utor fill in the	OGRID num	ber and name o	of the pres	rious operat	or				4	6115	
- 11116	414	945	U per	aling	Con	noal) (/		0627	N) =22	21	4115 1	

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
- 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 (Include the effect

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Includensate) or filing code from the following table:
New Well
Recompletion
Change of Operator (Include the effective date.)
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
Request for test allowable (Include volume requested)
other reason write that reason in this box.

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

- Δ 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:
 F Federal
 S State
 P Fee
 J Jicarilla 12.

N

- Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: 13. Flowing Pumping or other artificial lift

- MO/DA/YR that this completion was first connected to a 14.
- 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.
- 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 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
- 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, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.

- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 34. Number of sacks of cement used per casing string

If 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 35.
- 36. MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45 Gas well calculated absolute open flow in MCF/D
- The method used to test the well:

Flowing Pumping Swabbin

If other method pl

- 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 47.
- 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 48.