Disind I PO Box 1960, Hobbs, NM 88241-1960

20 Drawer DD, Artesia, NM 88211-0719

Previous Operator Signature

OGRID-002424

- Distalct II

State of New Mexico

Revised February 10, 1994

OIL CONSERVATION DIVISION

Instructions on back Submit to Appropriate District Office

District III	. 10.4 4.4.	NW 9741	•	PO Box 2088							5 Copies				
1900 Rio Brazos Rd., Azioc, NM 87410 District IV					Santa :	87504	AMENDED REPORT								
PO Box 2088, 6				1D AT	T OWAI	DTT: AN	(D. A.T.)	ומסוזייי	וייוי ג יכיו	יים אים אים	 TO A NICT	-			
I.		REQUE			e and Addre		D AUTHORIZATION TO T				1 OGRID Number				
Floyd Operating Company												007943			
711 Louisiana Suite 1740											Reason for Filing Code				
Houston, Texas 77002								CH-Chang Effec				e of Operator tive: 1/1/96			
							ool Name				⁴ Pool Code				
30 - 0 25-		Sawyer San Andres () ————————————————————————————————————	55480							
002095		'Prop McCormick Federal				me ,		1		ell Number					
II. 10		スレフ Location	<u> </u>							· · · · · · · · · · · · · · · · · · ·					
Ul or lot no. Section		Townshi		inge	Lot.lda	Feet from	the	North/Sou	th Line	Feet from the	East/West line		County		
E 29		09S] 3	75		198	0	North		660	West		Lea		
11 Botto		Hole L						****							
UL or lot no.	Section	Townsh	ip R	ruge	Lot Ida	Feet from	the	North/Sou	uth line	Feet from the	East/W	est line	County		
12 Lee Code	10 75 - 41	cing Method	Codal	W.C (Connection Da		130 D.	lt Number	 !	C-129 Effective	<u> </u>		129 Expiration Date		
F Code	P	icing Memor	Code	··· GER (.onnection Di		129 FEFE	II Number		C-129 Edicelive		C- 2			
<u>-</u>	<u> </u>	Transp	orters	·	 				_1		1		<u></u>		
"Transpo OGRID		" Trans	porter N		0.6		" POD " O		¹¹ POD ULST						
018053		Deside I					0587010		0	and Description E 29 TO9S R37E		<u> </u>			
018033		Pride PO Box				79-30	03870	and the state of t		L 29	T09S	R37E			
000000000000000000000000000000000000000		Abilene	2, IA	7960									, , , , , , , , , , , , , , , , , , ,		
024650		Warren Petroleum Company PO Box 1589					0587030 G			E 29 T09S R37E					
		Tulsa,		4102								-			
48.77.77.72.73.															
IV. Prod		Vater						*************	VAN						
п	POD					,	POD UI	STR Locati	ion and D	escription					
058705				E	29 T09	S R37E									
V. Well Completion Data										" PBTD		3º Perforations			
Spid Date			•	Acady Dan		n ID		· ·		<u> </u>					
M Hole Size				31 Casing & Tubing Size				נג	Depth Se	1		³³ Sacks Cement			
VI. Well Test Data										TT			M.C Daniel		
Date New Oil		M Gas Delivery Date		y Date	M Test Date			" Test Length		M Thg. Pressure		²⁷ Cag. Pressure			
** Choke Size		41 Oil			4	Water		Gas		4 AOF		4 Test Method			
4 I bereby ec	rtify that the	rules of the	Oil Consc	rvation D	ivision have b	een complied		~	T 00	NSERVAT	י זארוז	717/10	ION		
with and that knowledge an		tion given ab	ove is true	and com	plete to the be	at of my		ÓΙ							
Signature:							Approved by: URIGINAL HONED TO JOAN SEXTON								
Printed name: GREG FOX							Tide: DISTRICY I SUPERVISOR								
Title: Manager of Pro			oduction	duction				Approval Date:							
Date: 1/2/910 Phone: 7/3/222-6275															
11					mber and nar							&.	12/22/2		
BISON		EUM CO			Ву:	Bruce (thel		<u> </u>	reside 1	nt Tule	/ 2/20/95 Date		

New Mexico Oil Conservation Division C-104 Instructions

F 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.
- 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 3.

NV RCHOOG CG CG

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
- Lease code from the following table:
 F. Federal
 S. State
 P. Fee
 J. Jicarilla
 N. Navajo
 U. Ute Mountain Ute
 Other Indian Tribe 12.

Other Indian Tribe

13. The producing method code from the following table:
F. Flowing
P. Pumping or other artificial lift

14.

- MO/DA/YR that this completion was first connected to a gas transporter
- 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 completion
- 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. iş

٠.

Gas

10.7

ij

- T' 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 welf 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
- MO/DA/YR this completion was ready to produce 26.
- 27 Total vertical depth of the well
- Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well hore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- 33. 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.

- 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
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- 39. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 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. 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 present 47. signed by that person

- 1

1 - 12 m - 4 m