District I PO Box 1980, Hobbs, NM 88241-1980 District II				State of New Mexico ergy, Minerals & Natural Resources Department								Form C-104 Revised February 10, 1994 Instructions on back						
"O Drawer DD, Artesia, NM 88211-0719 District III				OIL CONSERVATION DIVISION PO Box 2088							Submit to Appropriate District Office 5 Copies							
1009 Rio Brazos Rd., Aztec, NM 87410 District IV				Santa Fe, NM 87504-2088							AMENDED REPORT							
PO Box 2088, 9 I.	anta Fe,	NM 87504-	2088 EST 1	FOR A	U.O	WARI	e and		ITHOR	IZAT	ION	тот	RA	NSF	PORT			
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Floyd Operating Company											007943							
711 Louisiana Suite 1740 Houston, Texas 77002											Reason for Filing Code CH-Change of Operator							
		•							Effective: 1/1/96					4				
<b>30-0</b> 25	Sawyer San Andres (Associated)							55480										
<sup>1</sup> Pr	* Property Name								' Well Number					1				
-002097 18269				Sinclair Federal							2							
II. <sup>10</sup> Surface Location								rom the North/South Line			Feet from the East/W			ant/W	Vest line County			
$\frac{\textbf{U}_{l} \text{ or lot no.}}{2B}  05$		Township 10S		Range 38E	Lot.ldn Z		Feet from the 660		Nor		1650			East		Lea		
		n Hole		tion		<u> </u>		$\frac{1}{10}$	<u> </u>		L							
UL or lot no.			nship	Range	Lot I	lda	Feet from t	he	North/S	outh line	Fee	from the	I	East/W	est line	County	٦	
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12 Lee Code		ducing Met	hod Cod		<b>Сопл∝</b> 11-60	ction Date	" C-12	9 Pern	ait Number		" C-17	19 Effectiv	e Dai		" C-	129 Expiration Date		
F III. Oil a		F as Tran	sporte	1													_	
		15 1141		ransporter	Name			<sup>14</sup> PC	DD	<sup>31</sup> O/G	1		<sup>11</sup> P		STR Lo		٦	
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Houston,			on, T														_	
				etroleum Company				0587130 G			2 05 T10S R38E							
		PO Bo Tulsa																
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20000000000000000000000000000000000000	2009-00-00																	
IV. Produced Water										<u>.</u>								
,	POD						34	POD L	LSTR Loca	tion and	Descr	iption						
058715	0		2	2 05	T10S	R38E	C											
V. Well Completion Data						" TD				<sup>14</sup> PBTD				<sup>29</sup> Perforations				
<sup>11</sup> Spud Date				<sup>24</sup> Ready Date			- 10											
* Hole Size			<sup>31</sup> Casing & Tu			g Size	1		<sup>1</sup> Depth Set				<sup>33</sup> Saci		ks Cement			
			<u></u>															
		·						1										
	<u></u>				فتستدب وستنقز قويم		<u></u>											
VI. We	ll Test	t Data		. <b>.</b>											<u> </u>	Ma		
				divery Date		H Te	at Date		" Test Length		* Tbg. Pr		CSAUTE		" Cag. Pressure			
" Choke Size												4 AOI				" Test Method	-	
			41	01		- 1	Water		a Gas		AVE		•					
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with and that the information given above is true and complete to the test of my Knowledge and belief. Signature: DISTRICT   SUPERVISOR									к.									
Printed name:						<u></u>	Tiule:											
CREC FOX						Approval Date: JAN 0 9 1993												
						174C												
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	New Mexico Oi C-104	i Conservati Instruction	on Division
•	IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT	22.	well completion location and a about deaphorem from the
	Report all gas volumes at 15,025 PSIA at 00°, 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 1.11.	23.	(Example: Dellery A , Jones CPU",etc.)
	All sections of this form must be filled out for allowable requests on new and recompleted wells. Fill out only sections I. II. IV. and the operator continues for	24.	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.]
	changes of operator, property name, well number, transporter, or other such changes.	25.	MO/DA/YR drilling commenced
	A separate C-104 must be filed for each nool in a multiple	26.	MO/DA/YR this completion was ready to produce
•		27.	Total vertical depth of the well
-	Improperly filled out or incomplete forms may be returned to operators unapproved.	28.	Plugback vertical depth
	<ol> <li>Operator's name and address</li> <li>Operator's OGBID number of your do not have to make the set of the</li></ol>	29.	Top and bottom perforation in this completion or casing shoe and TD if openhole
	<ol> <li>Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.</li> </ol>	30.	Inside diameter of the well bore
;	Reason for filing code from the following table:	31.	Outside diameter of the casing and tubing
	RC Recompletion CH Change of Operator	32.	Depth of casing and tubing. If a casing liner show top and bottom.
•	· CO Change oil/condensate transporter	33.	Number of sacks of cement used per casing string
	AG Add gas transporter CG Change gas transporter RT Request for test allowable (Include volume requested)		ollowing test data is for an oil well it must be from a test oted only after the total volume of load oil is recovered.
	If for any other reason write that reason in this box.	34,	MO/DA/YR that new oil was first produced
4		35.	MO/DA/YR that gas was first produced into a pipeline
5		36.	MO/DA/YR that the following test was completed
. 6.		37.	Length in hours of the test
7.	the completion	38.	Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
8. 9.	The property name (well name) for this completion The well number for this completion	39.	Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
10		40.	Diameter of the choke used in the test
•	for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.	41.	Barrels of oil produced during the test
11		42.	Barrels of water produced during the test
12		43.	MCF of gas produced during the test
•	F Federal S State	44.	Gas well calculated absolute open flow in MCF/D
	P Fee J Jicarilla N Navajo U Ute Mountain Ute U Other Indian Tribe	45.	The method used to test the well: F Flowing P Pumping S Swabbing If other method please write it in.
13.	The producing method code from the following table: F Flowing P Pumping or other artificial lift	48.	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
14. 15.	gas transporter	<b>47.</b>	The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator's representative
16.	this completion		authorized to verify that the previous operator is representative operates this completion, and the date this report was signed by that person
17.	and o the approval for this completion		
18.			
19.	Name and address of the transporter of the product		
20.	The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or racompletion and this POD has no number the district office will assign a number and write it here.		
21.	Product code from the following table: O Oil G Gas		

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