District I PO Box 1980, Hobbs, NM \$8241-1980 District II

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994 ack

1000 Rio Brazos F	PO Drawer DD, Artesia, NM 88211-0719 District III					IL CONSERVATION DIVISION				Revised February 10, Instructions on Submit to Appropriate District O			
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New Mexico Oil Conservation Divisio 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 von the nearest whole barrel.

A request for airc wable for a newly drilled or deepened well must be accompanied by a Indulation 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.
- 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

Request for test allowable (Include volume requested) 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 post code for this pool
- 7. The reserve code to this completion
- erty name (w ______me) for this completion 8.
- 9. The number for etion
- 10. tes gove cation Thpletion NOTE: If the resignates a Lot Number an the 'UL or lot no.' box. • USO tr
- 11. The nottom hole sociation 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.

- The producing method code from the following table:

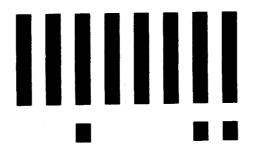
 F Flowing
 Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a 14.
- 15. The permit number from the District approved C-129 for this completion
- MO/DA/YR of the C-129 approval for this completion 16
- 17. MO/DA/YR c C-129 approval for this completion
- 18. The gas or on ansporter s OGRID number
- Name and address of the transporter of the product 19
- 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 write it here. 20.
- 21 Product code from the - .. a table: Oil Gas

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POO (Example: "Battery A", "Jones CPD", atc.) 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 POO (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
- 28. Plugback vertical depth
- 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
- 32. Depth of casing and tubing. If a casing liner show top and
- Number of sacks of cement 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.

- 34. MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36.
- 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
- 45. The method used to test the well: Flowing Pumping Swabbin S Swabbing If other method please write it in.
- 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 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.









Job separation sheet

Signature
Butch Smith Vice President Operations December 7,

Title (918) 585-3121

Telephone No.

By -DRIGINAL SIGNED BY MERRY SEXTON DISTRICT I SUPERVISOR Title_