District I PO Box 1980, Hobbs, NM 88241-1980

State Of New Mexico Energy, Minerals and Natural Resources Department

Form C-104

District II 811 South 1st, Artesia NM 88210

District III

## OIL CONSERVATION DIVISION

Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

000 Rio Bri Nistrict IV	avos Rd. Azte	c, NM 8740	01	2040 South Pecheco Santa Fe, NM 87505						AMENDED REPORT				
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211/15	S OIL &			1. Operator	name and A							GRID Number		
					RVICE	S INC			123453					
C/O OIL REPORTS & GAS SERVICES, INC. P. O. BOX 755,									3. Reason for Filing Code					
HOBBS, NEW MEXICO 88241									CO Eff. 04/1/98					
4. API Number 5. Pool Name								8. Pool Code						
	5-27556	- 1	LEA SAN ANDRES							37585				
7. Property Code			8. Property Name					Ş''				9. Well Number		
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31 Hole S			-	<del> </del>	32 Casing	& Fubing S	SIZ 0		33 Dep	oth Set		24	Sacks Cement	
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35 Date New Oil  41 Choke Size		ew Oil 30 Gas		30 Gas De	Delivery Date		37 Test Date		38 Test Length		39 Tbg. Pressure		10 000	
		Size	42 Oil			43 Water		44 Gas		45 AOF		46 Test Metho		
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04/22/98					505-393-2727									
47 If this	is a change o	of operator	fill in the OG	RID numbe	r and name	of the previo	ous operator							
ļ	Previous O	perator Sig	nature				Printed Na	me			Title		Date	
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## 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 bar

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.
- 3

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator (Include the effective date.)

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.

- 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
- R 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.
- The bottom hole location of this completion
- Lease code from the following table: 12.

Federal State

- Fee Jicarilia
- Navajo Ute Mountain Ute Other Indian Tribe
- 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
- 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.
- MO/DA/YR of the expiration of C-129 approval for this 17. 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.
- 21 Product code from the following table:
  O Oil
  G Gas

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.
- MO/DA/YR drilling commenced 25.
- 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 commingied 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 bo
- 32. Outside diam ster of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom.
- Number of sacks of cement used per casing string 34.

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

- 35. MO/DA/YR that new oil was first produced
- 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
- Gas well calculated absolute open flow in MCF/D 45.
- 46.
- The method used to test the well:

Flowing Pumping Swabbin

5 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 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.