

District I  
PO Box 1900, Hobbs, NM 88241-1900  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Pecos Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

Form C-104  
Revised February 10, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Burgundy Oil & Gas of New Mexico, Inc. 401 West Texas, Suite 1003 Midland, TX 79701		OGRID Number 003044
		Reason for Filing Code CH OCT 01 1994
API Number 30 - 0 25-07750	Pool Name Skaggs Grayburg	Pool Code 57380
Property Code 004808 15824	Property Name Skaggs Grayburg Unit	Well Number 10

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
N	7	20S	38E		330	South	1667.2	West	Lea

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
Lea Code P	Producing Method Code P	Gas Connection Date N/A	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
020667	Shell Pipeline Corporation P.O. Box 1910 Midland, TX 79702	1039010	0	J 12 20S 37E Central Battery
024650	Warren Petroleum Corporation P.O. Box 1589 Tulsa, OK 74102	1039030	G	J 12 20S 37E

IV. Produced Water

POD 1039050	POD ULSTR Location and Description J 12 20S 37E
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cog. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

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.

Signature: *Ben Taylor*  
Printed name: BEN TAYLOR  
Title: Prod. Manager  
Date: 10/10/94  
Phone: 915/684-4033

OIL CONSERVATION DIVISION	
Approved by:	ORIGINAL SIGNED BY
Title:	GARY WALKER FIELD SUPERVISOR
Approval Date:	OCT 10 1994

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature <i>Lori A. Hodge</i>	Printed Name Lori A. Hodge, Landman	Title 09-30-94
Greenhill Petroleum Corporation (OGRID No. 009374)		Date Houston, TX 77077

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED  
-AMENDED REPORT- AT THE TOP OF THIS DOCUMENT

22. Report all gas volumes at 15.025 PSIA at 60°.
23. 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.
24. All actions of this form must be filled out for allowable requests on new and recompleted wells.
25. Fill out only sections I, II, III, IV, and the operator certifications for other such changes.
26. A separate C-104 must be filled for each pool in a multiple completion.
27. Improperly filled out or incomplete forms may be returned to operator's name and address.
28. Operator's OGRID number, if you do not have one it will be assigned and filled in by the District office.
29. Reason for filling 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)
30. If for any other reason write that reason in this box.
31. The API number of the well
32. The name of the pool for this completion
33. The pool code for this completion
34. The property name (well name) for this completion
35. The well number for this completion
36. The surface location of the 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 OGD unit letter.
37. The bottom hole location of this completion
38. Lease code from the following table:  

F	Federal
S	State
P	Private
J	Jicarilla
N	Navajo
U	Ute Mountain Ute
I	Other Indian Tribe
39. The producing method code from the following table:  

P	Pumping or other artificial lift
F	Flowing
40. MODA/R that the completion was first connected to a gas transporter
41. The permit number from the District approved C-129 for MODA/R of the C-129 approval for this completion
42. Name and address of the transporter of the product
43. The number assigned to the POD from which the 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.
44. Product code from the following table:  

G	Gas
O	Oil
45. The gas or oil transporter's OGRID number
46. MODA/R of the expiration of C-129 approval for this completion
47. 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 the report
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 the report
49. 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
50. The ULSTR location of the POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD Water Tank", etc.)
51. The POD number of the storage from which water is moved from the property. If this is a new well or recompletion and the POD has no number the district office will assign a number and write it here.
52. The ULSTR location of the POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
53. The POD number of the storage from which water is moved from the property. If this is a new well or recompletion and the POD has no number the district office will assign a number and write it here.
54. The ULSTR location of the POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD Water Tank", etc.)
55. MODA/R drilling commenced
56. MODA/R the completion was ready to produce
57. Total vertical depth of the well
58. Plugback vertical depth
59. Top and bottom perforation in the completion or casing shoe and TD if openhole
60. Inside diameter of the well bore
61. Outside diameter of the casing and tubing
62. Depth of casing and tubing. If a casing liner show top and bottom.
63. Number of sacks of cement used per casing string
64. The following test data for an oil well it must be recovered. MODA/R that new oil was first produced
65. MODA/R that gas was first produced into a pipeline
66. Length in hours of the test
67. Flowing tubing pressure - oil wells
68. Shut-in tubing pressure - oil wells
69. Flowing casing pressure - oil wells
70. Shut-in casing pressure - oil wells
71. Diameter of the choke used in the test
72. Barrels of oil produced during the test
73. Barrels of water produced during the test
74. MCF of gas produced during the test
75. Gas well calculated absolute open flow in MCF/D
76. The method used to test the well:  

F	Flowing
P	Pumping
S	Swabbing
G	Other method please write it in.
77. 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 the report
78. 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 the report
79. 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