District I

PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico Energy, Minerals & Natural Resources Department

District II

811 South First, Artesia, NM 88210

District III

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

Form C-104
Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

1000 Rio Brazos Rd., Aztec, NM 87410

District IV 2040 South Paci	heco, San	ta Fe, NM 8750			ŕ	. 1171 07					ENDED REPOR		
1.		REQUES'	FOR A	LLOWAB	LE AN	ND AU	THORIZAT	TION TO TR					
Operator name and Address Amoco Production Company P. O. Box 303 Amistad, NM 88410									OGRID Number 000778 3 Reason for Filing Code NW				
								NW					
'API Number'Pool Name30-059 - 20378Bravo Dome Carbon Dioxide Gas Unit								* Pool Code 96010					
<sup>7</sup> Property Code Property										, w	ell Number		
II. 10 Surface Location							<del></del>		<u></u>	935-	302E		
Ul or lot no. Section		Township			Feet from the		North/South Lin	e Feet from the	East/W	East/West line County			
E	30	19N			2403		North	722	We	West Union			
		n Hole Lo	cation	-							0111011		
UL or lot no.	Section	Township	Range	Lot Idn	Feet fro	m the	North/South line	Feet from the	East/V	Vest line	County		
<sup>12</sup> Lee Code	<sup>13</sup> Prod F	ucing Method C		Connection Date	n C	C-129 Pern	nit Number	" C-129 Effective	Date	17 C-1	129 Expiration Date		
		s Transpor								<del></del>			
" Transpor OGRID	Transporter OGRID			" Transporter Name and Address			21 O/G			<sup>22</sup> POD ULSTR Location and Description			
000778			Amoco Production Company P. O. Box 303			8/20	1202 G						
1		Amistad,		110		and the second		5. - 3. - 3.					
SOUT UND ALCOMODIA LA CA													
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IV. Produ		Vater											
10 j	POD					™ POD UI	STR Location and	Description					
V. Well (	Compl	etion Data		<del></del>		<del></del>		<del></del>					
Spud	Date	14	Ready Date 5/15/98		<b>"TD</b>		* PBTD		"Perforations "DHC, D		DHC, DC,MC		
31 Hole		ize		Casing & Tubing			2370 Depth :		→ Sacks Cement		s Comani		
12½" 7-7/8'	ı		8-5/8	8-5/8" 23# 5½" (4) 41			731'			285			
			J-2			2.5				23,	<u> </u>		
VI. Well	Test F	)ata	<u>.                                    </u>										
35 Date No		* Gas D	elivery Date	" Test	Date 78		" Test Length	" Tbg. Pi	ressure		** Csg. Pressure		
11 Choke Size			5/15/98 5/15 40il 4Wa				24/185	« AOF		_	116		
3.11		rules of the Oil Conservation Division have been			# Gas 159		159			* Test Method			
with and that the	: in ormat	rules of the Oil of th	Conservation Distrue and comp	ivision have been plete to the best of	complied f my		O <del>IL-</del> Co	ONSERVAT	ION I	OIVIS	ION		
knowledge and t Signature:	Deticit.	1246.				Approve	1/		10111	<b>71 Y 10</b>	IOI		
Printed name:	Danna			-	_	Title:	17/	Shrum	7 5 8**2 475*	-			
Danny J. Holcomb  Tule: Fie'd Foreman						PARTICIPAL CHIENVES CAR							
Date: $5 - 3^2 - 3^2$			Phone: 505-374-3010				Approval Date: 5/22/98						
				ber and name of		ous operat	or			====			
		Operator Signi											
· · · · · · · · · · · · · · · · · · ·		Shermon Dikin					ed Name		Ti	tle	Date		
				New Me	xico Oil	Conserva Instruction	ation Division			<del>-, ,</del> -			

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

A request for allowable for a newly drilled or deepened well must be

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

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  $% \left( 1\right) =\left( 1\right) \left( 1\right)$ 

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.

- Operator's name and address
- 2. 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.

- The API number of this well 4.
- 5. The name of the pool for this completion
- 6 The pool code for this pool
- 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
- 12. Lease code from the following table:
  - Federal State Fee

  - Jicarilla

  - Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: 13. Flowing 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.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- 18. The gas or oil transporter'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 and write it here. 20.
- 21 Product code from the following table:
- 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.
- 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.)
- 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
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- Write in 'DHC' if this completion is downhole commingled 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 bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and bottom. 34.
  - Number of sacks of cement used per casing string

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
- 37. 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
- The method used to test the well:

  F Flowing
  P Pumping
  S Swabbing 46.

  - 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.