1/istrict 1 1 (1 Box 1980, 1)	State of New Mexico Energy, Minerals & Natural Resources D								Form C 104 JA October 18, 1994 JA			
District II #11 South First. District IH	С		2040	South	ION DIVISION Pacheco		Subm	Instructions on back Submit to Appropriate District Office 5 Copies				
1000 Rio Brizzov Rd., Aztec. NM 87410 Santa Fe, N Everiet IV							M 87:	505			ENDED REPORT	
2040 South Pac					17 A TIT	E A NU		TUODIZAT			ha	
I.	<u> </u>	EQUES	Uperator na			E ANI		THORIZAT	ION TO TR	OGRID Num		
115 Res	ources,	Inc.		/						155567		
6666 S. Sheridan, Ste 250 Tulsa, Ok 74133										* Reason for Filing Code		
Tulsa,							CII/Effective 7/01/96					
· ^	Fl Number		· ·· ···	* Pool Name							Pool Code	
30 - 0 05-	PECOS	SLOR	PE ABO	)			<del>82735</del> 82730		5 82730			
' l'r	operty Code		<sup>1</sup> Property Name					me			Well Number	
	- 19 3			TYRELL FEDERAL COM						1		
		Location										
til or lot no.			Range Lot.Idn Feet from				the North/South Line		Feet from the	East/West line	County	
	C 13 10S		25E			660		North	1980	West	Chaves	
		lole Lo		T				r	<b></b>			
UE or lot no.	Section	Township	Rønge	Lot Idn		Feel from the		North/South line	Feet from the	East/West line	County	
<sup>10</sup> Lise Code	" Produci	ng Method C	ode Gas	Connect	ion Date	<u> </u>	70 l'erm	lt Number	<sup>14</sup> C-129 Effective		110 Foreboother Date	
F	F			0				it (thinbei	C-127 Elletive		C-12 <sup>c</sup> Expiration Date	
III. Oil a	nd Gas	Transpor	<u> </u>	<u> </u>		I		I				
Transpor		A	* Transporter	Name				D " 0/G	1	POD ULSTR I	acation	
OGRID	and Addre	and Address					and Description					
147831	IERGY CO.			18	79630 G							
105 S. Fo Artesia,				ourth Street								
1 60 0			PipE		E-							
1805							812	<u>709 0</u>				
	1.00								PastIN-3			
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											8-16-96 2-16-96 chym	
IV. Produced Water												
	rop					24	ron ui	STR Location and	Description	·····		
188,	1350	>							·			
V. Well	Complet	tion Data	 R									
	d Date		Ready Date			"10		" PBTD	" Perfor	itions	* DHC, DC,MC	
	" Hole Size		<sup>12</sup> Casing & Tubing Size				- <u> </u>	" Depth S	ict	" Si	acks Cement	
							1-	• <u> </u>				
VI. Well	Test Da	ata										
	Vew OIL	· · · · · · · · · · · · · · · · · · ·	Delivery Date		" Test	Date	1	* Test Length	" Thg. I	ressure	* Csg. Pressure	
								۳			wope in court	
" Chok	e Size	<sup>o</sup> Oil			" Wa	4 Water		" Gas	" A	UF	* Test Niethod	
" I hereby cert	ify that the ru	ites of the Oil	Conservation I	Division I	have been i	complied	<u> </u>					
with and that the information given above is true and complete to the best of my knowledge and helper.							OIL CONSERVATION DIVISION					
Sienshure HADDA WANNATA							Approved by: ORIGINAL ADDRESS SY THE W. GUM DISTRICT D SUPERVISOR					
Frind name Karla Johnson								DISTRUCT DE CONSERVE				
Tel: Production Tech								al Date: Lill	<u> २ प्रवित</u>			
Date 6-11-96 Phone 918/488-8962								JUL	23 1996	H	Al o m	
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02306	- 1 E/	A PINC	th OCRUD n		nd name n Un	of the prev 7 1	ious opei Katila	Johnson	Pror	ation Ana	175 6/11/96	
		Operator Sig	natar	<u></u>				led Name		Title		
1		•	v					-		1 11 16	Date	

## 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 barrel.

A request for allowable for a newly drilled or despend 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.

- Operator's name and address 1.
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 3.
- Reason for filing code from the following table:

   NW
   New Wall

   RC
   Recompletion

   CH
   Change of Operator (Include the effective date.)

   AO
   Add oil/condensate transporter

   CG
   Change oil/condensate transporter

   AG
   Add das transporter

  RC CH AO CG AG CG RT

  - Add gas transporter Change gas transporter 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
- The name of the pool for this completion 5.
- The pool code for this pool 6.
- 7. 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 OCE unit letter. 10.
- 11. The bottom hole location of this completion
- 12. Lease code tom the following table:
  - Federal State SP
  - N U
- State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: F Flowing P Pumping or other artificial lift 13.
- 14. MO/DA/YR that this completion was first connected to a gas transporter
- 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
- 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 essigned 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: Oil Gas Ĝ
- The GLSTR i Thion of this POD if it is different from the well completic flocatio, 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: "Es tery A Water Tank", "Jones CPD Water Tank", etc.) 24. (Example: ' Tank', etc.)
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce 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,  $\omega_i$  'MC' if there are more than three non-commingled completions in this well bore. 30.

- 31. inside diamater 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.

- MO/DA/YR that new oil was first produced 35.
- MO/DA/YR that gas was first produced into a pipeline 36.
- MO/DA/YR that the following test was completed 37.
- 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
- MCF of gas produced during the test 44
- 45.
- Gas well calculated absolute open flow in MCF/D
- 46. The method used to test the well:

  - F Flowing P Pumping S Swabbing Il 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.