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 Instructions on back

PO Drawer DD, Artesla, NM 89211-0719

OIL CONSERVATION DIVISION Submit to Appropriate District Office

			5 (Copies

District III	- : A -do-	**** *****		Canto	PO Box	. 2088	4 20.00	tage of the			5 Copies		
1000 Rio Brazos District IV	Rd., Assec,	NM 8/410		Sana	Fe, NM	8/30	4-2000				AMENDED REPORT		
O Box 2088, S	anta Fe, NM	87504-2048		~			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	**** A P\$**	יייי דייי				
I	R	EQUES"	r for a	LLOWA	BLE AN	ID AL	<u>JTHOR</u>	JZATI	ION TO TR	CANSPO	RT		
			•	me and Addre			004889				Yumber		
			s 0i1 & Ga	s Corporat	tion	e***		1					
			ox 2443	200 01/0					,	Resson for F	Remon for Flling Code		
		Roswe⊥	1, NM 882	.02-2445			CH 7-1-				-96		
	II Number					Pool Nam	ne			7	' Pool Code		
				IF RAN	ICH SAN AN					3748	37480		
30 - 0 05-						roperty No				- 3/70	¹ Well Number		
	operty Code			א א דעוכ		openy iv	å EB+C			3	3		
))423- /			PLAINS :									
I. 10 S	Surface	Location			_ 		151 316.		Fort from the	East/West II	Kne County		
Ul or lot no.	Section	Township	Range	Lot.ldn	Feet from	, the	North/So	OLD LABOR	Feet Irom tax	P. Mary 11 van -			
М	29	10-S	28E		330		South 330			West	Chaves		
	L	Hole Lo	cation										
UL or lot no.	Section	Township		Lot Ida	Feet from	n the	North/S	outh line	Feet from the	East/West I	fine County		
0000													
" Lee Code	17 Produci	ng Method C	nde " Cae	Connection Di	nte "C	-129 Pert	mit Number	-	C-129 Effective	Date	" C-129 Expiration Date		
1	110000	BE Internal		412							ł		
P	L 												
		Transpor				10 pv	-	" O/G	ſ	n lod ar	10 Location		
Transpor		'	Transporter ! and Addres		12	" rc 1 <i>85</i> 0		0,0		and Desci			
OGRID									TILLE C	- 20 100	C OOE		
02044			ermian Cor	p •		-2186 0		0	Unit E, Se		>-20E		
12.15		0. Box 4		1610					PLAINS 29	BATTERY			
	HC	uston. 1	X 77210-4	<u>1648</u>		100	-120	P	l				
	j				d	100	630	0	j		1		
									l				
. Assert							,						
	1]		1		
									ı				
planes a wide of a				·				-					
	}				<u> </u>								
									i				
23.50	1 11/	* + m							L				
	uced Wa					J GOOT H	ULSIR Loca	bas ad!	Description				
		75650	ク 11k	nit D, Sec				s 29–9	-				
	185950 - 			11t D, LL	25 100	- 201							
		tion Dat			·			1	" both		1º Perforations		
	pud Date		14 Ready L	Date		" เบ	' 10		סומי יי		" [ETIVI BANK		
1													
	" Hole Size		H Casing & Tubing Size					¹¹ Depth Se	d	<u>-</u>	Sacks Cement		
										Post	FID-3		
			_							17-	26-96		
ļ			_			_					26 / 6		
										chy	A/		
		 	-							フ			
	<u></u>												
	l Test D			- 1	D.J.		" Test L	th	" The. I	D-vernt6	" Cog. Pressure		
" Date	New Oil	N Gas	Delivery Date	**	Test Date		" 10× L	¢Ω⊈ra	* ·/ · ·	Team.			
1		1											
" Cho	oke Slze	1	" Oil	1	a Waler		a G	4	" A	NOF	" Test Method		
1		l								-			
" Larehy ce	offer that the	les of the C	Oil Conservation	- Division have	been complie	ا له							
with and that	the informati	ion given abov	ve is true and co	omplete to the t	ocat of my	1	C	JIL CO	ONSERVAT	וח מסנז	IVISION		
knowledge an			•			A 2001	Approved by						
Signature:	Signature:						Approved by: SUPERVISOR, DISTRICT II						
Printed name	Printed name:						Title:						
	ROY D	. COLLINS	<u>;</u>			Appl	Approval Date: JUL - 3 1996						
Title:	Pres.	Collins				William 200 - 2 1220							
Date:	6-26-9	96	Phone:	623-2040							<u> </u>		
" If this is			n the OGRID			revious of	perator		-				
0181			oleum Inc.	Adl.	hne	يــ		A. SOM	MER PRI	ES. PPI	6-26-96		
V+V-		3 Operator 5				יו	rinted Name	;		Tide	le I)ate		

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

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 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 Dietrict office.
- Reason for liling 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 oss transporter 3.

RCH AO CO AG CT 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.

- The name of the pool for this completion 5.
- The pool code for this pool 6.
- 7 The property code for this completion
- The property name (well name) for this completion 8.
- The well number for this completion 9.
- 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
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla
 N Navajo
 U Ute Mountain Ute
 I Other Indian Tribe 12.

- The producing method code from the following table; F Flowing P Pumping or other artificial lift 13
- MO/DA/YR that this completion was first connected to a 14. gas transporter
- 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.
- 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
- Product code from the following table: 21

 - Gas

- The ULSTR I/ on of this POD if it is different from the well complet: cation and a short description of the POD (Example: "Ba...ry 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 sealign 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.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27.
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Inside diameter of the well bore 30.
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and
- 33. Number of eacks of cement used per casing string

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 34.
- 36. MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed 36.
- Length in hours of the test 37.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39
- 40. Diameter of the choke used in the test
- 41. Barrele of oil produced during the test
- Barrele of water produced during the test 42.
- 43. MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D
- The method used to test the well: 45. F Flowing
 P Pumping
 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 eignature, 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.