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

District II

811 South First, Artesia, NM 88210

State of New Mexico

Form C-104GT Revised October 18, 1994 Instructions on back ice ies

Date

District III 1000 Rio Brazo	os Rd., Azı	ec, NM 87410		OIL CONSE 2040 Santa	RVATION South Pach Fe, NM 8'	neco	ION	Subi	mit to Ap	propris	ate District Off 5 Cop	
District IV 2040 South Pac	checo, Sant	2 Fe, NM 87505								AME	NDED REPO	
1.		REQUEST	FOR A	ALLOWABLI	E AND AT	JTHOR:	IZAT	ION TO TI	RANSP	ORT		
		TIDE WEST		THE MILE MULTING					' OGRII	) Numbe	er .	
				RIDAN, SUITE 250				023067  3 Reason for Filing Code				
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lt .	PI Number	į.			<sup>5</sup> Pool Nan	<sup>5</sup> Pool Name			CG Effective 10-1-			
30 - 0 05			PECOS	SLOPE ABO	4/1/	4/1/96			<del>02235</del> 82			
<sup>2</sup> Property Code 15591					* Property No	* Property Name			' Well Number		Number	
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11 E		Hole Loca	tion			l			<u></u>		Chaves	
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12 Lse Code		ng Method Cod	" Gas	Connection Date	15 C-129 Perm	it Number	1 30	C-129 Effective I	)ate	17 C-12	9 Expiration Date	
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31 Hole Size			32 Ca	sing & Tubing Size		33 Depth Set			<sup>24</sup> Sucks Cement			
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Date New		34 Gas Deliver	v Dore	17				<u>-</u>				
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	RLA JO	HNSON			Title:	DIS	STRIC	T II SUPERV	ISOR			
e: PR	Approval Da	Approval Date: DEC 0.7 1985										
11-28-	95	Pn	one:	3) 488-8962						· · ·		
f this is a chang	e of operate	or fill in the OG	RID numbe	1) 488-8962 er and name of the p	revious operator							
		ator Signature										
					Printed N	ame			Title		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 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.

separate C-104 must be filed for each pool in a multiple

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. 2.
- 3.

New Well
Recompletion
Change of Operator (include the effective date.)
Add oil/condensate transporter
Change oil/condensate transporter

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator (Include the effect

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Include 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
- 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
- Lease code from the following table:
  F Federal
  S State
  P Fee
  J Jicarilla 12.

  - J N U
  - Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: 13.
  - - Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a gas transporter 14.
- 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.
- Product code from the following table:
  O Oil
  G Gas 21.
  - Oil Gas
- The ULSTR location of this POD if it is different from the 22. well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
- 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 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, 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
- 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.
- 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.
- 40. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 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
- 45. Gas well calculated absolute open flow in MCF/D
- 46. The method used to test the well; 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 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.