District II						
111 South First, Artesia, NM 88210	OIL CONSERVATION					
District III	2040 South Pache					
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Eo. NM 87					

				Ctata	of No	May	ioo					Form C-104	
District I PO Box 1980, H District II	lobbs, NM 8	R241-1980	•	State inergy, Mineral	of Nes					Re		October 18, 1994 Attructions on back	
811 South First, Artesia, NM 88210 OIL CONSI						TION I Pache		4	Submit to Appropriate District Office 5 Copies				
1000 Rio Brazos District IV	s Rd., Aztec,	NM 87410			a Fe, N						ANTE	NDED REPORT	
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HS Resources, Inc. 6666 S. Sheridan, Ste 250									153567				
	0k 74								CH/Effec		•		
*API Number 30 - 0 05-61810 PECOS SLOPE ABO						Pool Name	•			Pool Code			
	operty Code		PECOS SLOPE ABO * Property Name						82730 'Well Number				
	196		DANA FEDERAL								4		
II. 10 S	Surface Section	Location Township	Range	Lot.Idn	Feet from	the	North/South	Line	Feet from the	East/W	est line	County	
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UL or lot no.	Section	Township	Range	Lot Idn	reet from	et from the North/South lin		lune	Feet from the	East/West line		County	
12 Lse Code	13 Producir	ig Method Co	de H Gas (Connection Date	. 15 C	-129 l'ermi	li Number	1:	C-129 Effective I)ate	" C-1	129 Expiration Date	
III. Oil a	nd Gas	Transpor	ters		_1	··		<u> </u>					
Transpoi OGRID	rter	 	Transporter P			24 POD 21 O/G			²¹ POD ULSTR Location and Descriptio:				
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IV. Prodi	uced Wa	iter									-		
	ron					" POD UL	STR Location	and 1	Description				
<i>189</i> V. Well (
n Spuc			Ready Date		" TD		" PBTD		²⁹ Perfors	itions	1	M DHC, DC.MC	
" Hole Size		31 Casing & Tubing Size			31 Depth Se			et ^M Sacks Cem			- C		
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VI. Well	Test Da	ıta									0,		
	New Oil		elivery Date	" Tes	st Date		M Test Length		²⁷ Tbg. Pressure			" Csg. Pressure	
" Chok			Oil "Water			" Gas			45 AOF			" Test Method	
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Printed name:	Karla .	Johnson	ZVOIU.		<u>/</u>	Title:		7610	nal signe	SAINC	im W .	. GUM	
Title: Prod			·			Approva	al Date:	M m	09			IN 9 17-10AC	
Date 6-11		A-		18/488-8				JUL ===	2 3 1996			on p (1330)	
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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.

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 District office. 2.
- 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 boy

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
- The well number for this completion 9.
- 10 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.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:
 F Federal
 S State
 P Fee

13

- Jicarilla Navajo Ute Mountain Ute
- Other Indian Tri
- The producing method code from the following table:
 F Flowing
 P Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14. gas transporter
- 15.
- The permit number from the District approved C-129 for this completion
- 16. MO/DA/YR of the C-129 approval for this completion
- 17. MO/DA/YR of the expiration of C-129 approval for this
- 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.
- 21. Product code from the following table:
 O Oi:
- 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
- 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.

- Inside diameter of the well bore 31.
- 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.

- 35. MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 36.
- 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.
- 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: Flowing Pumping 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.