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

District II 811 South First, Artesia, NM 88210 District III

OIL CONSERVATION DIVISION 2040 South Pacheco

000 Rio Brazos District IV	Rd., Aztec.	NN1 87410		Sant	la l•e	, NN	1 8/5	US		1		AME	NDED REPORT	
040 South Pack	ieco, Santa F	C. NM 87505	EOR AI	LOWAR	N F	AND	ATIT	rhori	ZATI	ON TO TR	ANSP	ORT		
·	KI			e and Addres		AIND	NO	11010		01. 10 11.	OGRII) Numbe	er	
HS Resources, Inc.										155567				
6666 S. Sheridan, Ste 250 Tulsa, Ok 74133										³ Reason for Filing Code				
miss,	UK 74									CH/Effec	tive			
VI.I Lamber								ool Name				* Pool Cndc 8273 6 5		
30 - 0 05			PECOS SLOPE ABO						······································			' Well Number		
15580 19 300 LEEMAN FEDERAL							Ally Pank				2			
		Location												
Ul or lot no.	Section	Township	Range	LotAdn Feet		from th	rom the North/South		uth Line	į		est line	County	
P	12	9S	25E		6	60	South		h	660	Eas	t	Chaves	
11]	Bottom 1	Iole Loca	tion											
UL or lot no.	Section	Township	Range	Lot Idn	Feet from		the North/So		outh line	Feet from the	East/West line		County	
	-:-	<u> </u>		Connection Da		11.0.4		(Number	 ;	C-129 Effective	l)	11.0	129 Expiration Date	
12 Lse Code	" Product	ng Method Cod	ie Gas	Connection Di	ate	C-12	zy r ermi	t Number		C-129 Effective	17810	Ç	127 Expiration 17att	
F Oil a	nd Gas	F Transport	erc						_1			<u> </u>		
Transpo			" Transporter Name				28 POD 21 O/G							
OGRID		and Address			10			93130 G			and Description		011	
14783	± (GAVE ENE				10	>9313	0	G					
		rtesia,						-						
1805	0	RIDE F				28	2/2^	753	0					
7000	<u> </u>	Í	,				121							
			-								1,5,50 09	1,31	<u> </u>	
	**********									l IIIN	2 4 19	្រក		
							=			on c	galli.	TOWN !!	A Lo	
												`: 		
IV. Prod	uced W	ater												
ĺ	rop					34	rod UI	STR Loci	ation and	Description				
	3150													
	Comple	tion Data	Ready Date		11 7			r PI	RTI)	" Perfo	zatlane		* DHC, DC,MC	
Spile Date			i					, , ,						
	" Hole Size		32	Casing & Tub	ing & Tubing Size		35 Dept		35 Depth 5	Set		Sucks Cement		
				· · · · · · · · · · · · · · · · · · ·			1					1	TN-3	
										·	10	8-16-96		
							1		·			s he	as 2	
				···-				· · · ·				J	<i>yz</i>	
VI. Wel	l Test D	ata	1	····		-					I			
** Date New Oil 34 Gas Delivery Date 37 Te						ate	<u> </u>	3 Test Length		²⁹ Tbg. Pressure			* Csg. Pressure	
" Choke Size			" Oil "Water				44 Gas			" AOF			" Test Method	
		rules of the Oil												
with and that knowledge an	. 1	on reiven above	is true and co	mplete to the b	est of m	ıy		C	NL C	ONSERVA	TION	DIVI	SION	
Signature:	Kn'	x lh ()	ahmi	2011			Approv	red by:	OR	iginal sigi	veo ev	TEM:	W. GUM	
Printed name	Kalis	Johnson					Title:		DIS	TRICTIES	PERVIS	ROS	··· A A IAI	
Title: Production Tech						Appro	val Date:		JUL 23	200		IIII am sa		
Date 6-11-96 Phone 918/488-8962						Ž		•		NO	1330		JUN 6 1 19	
		perator fillin					vious ope	rator						
02306	57	2 JUK	LVH	MK	M			John	son	Pro	ratio	n Ana	1yst 6/11/9	
-	Previou	Operator Sign	ature (Prir	ted Name	:			Title	Date	

New Mexico Oil Conservation Division C-104 Instructions

F 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) 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:
 Federal
 S State
 P Fee

 - Jicarilla
 - NU
 - Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table:

 For Flowing
 Pumping or other artificial lift 13

- MO/DA/YR that this completion was first connected to a 14.
- 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 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.
- Product code from the following table: 21. Ö Oil Gas

- 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. MC/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
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29. 30.
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one o' two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore.

- 31 Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 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.
- 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
- 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 Swabbin 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.