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

District II

RII South First, Artesia, NM 88210

Form C-104 Cly
Revised October 18, 1994
Instructions on back Submit to Appropriate District Office >

OIL CONSERVATION DIVISION

State of New Mexico
Energy, Minerals & Natural Resources Department

District III 1000 Rio Brazo:	s Rd., Aztes	. NM 87410	2040 South Pacheco Santa Fe, NM 87505							•	•	5 Copi	es	
District IV	L <b>S</b>	E. NIBE PTENE								AMENDED REPORT				
2040 South Pac			FOR A	LLOWA	BLE	AND A	UTHOR	IZATI	ON TO TE	:ANSI	PORT			
Operator name and Address											<sup>1</sup> OGRID Number			
HS Res		, Inc. idan, Ste	250						155567					
Tulsa,		4133	230			¹ Rea				eason for Filing Code				
<u> </u>									CII/Effec	tive	7/01/	/96		
	PI Number		Pool Name						Pool Code					
30 - 0 05-			PECOS SLOPE ABO						82730				_	
	roperty Cod 4 <i>192</i>		* Property Name  McCLELLAN MOC FEDERAL						' Well Number					
		Location									<del></del> -			
Ul or lot no. Section		Township	Range	Lot.ldn	ot.ldn Feet fro		om the North/South L		Feet from the	East/West line		County	_	
Н	29	5S	25E		1980		North		660	East		Chaves		
11 1	Bottom	Hole Loca	tion	<del> </del>						_!		L		
UL or lot no. Section		Township	Range	Lot Idn	Fe	et from the	North/S	outh line	Feet from the	East/West line		County	_	
	•										I			
11 Lse Code	" Produc	ing Method Cod	e '' Gas (	Connection I)	ate	15 C-129 Per	mit Number		C-129 Effective	Date	" C-	129 Expirution Date	<del></del>	
F	}	F									1			
III. Oil a	nd Gas	Transporte	ers			· · · · · · · · · · · · · · · · · · ·				*******	<del></del>	<del></del>		
" Transporter		" Т	ransporter N		20 F	2 POD 21 O/G			i					
OGRID		ACAVE ENE	and Address GAVE ENERGY CO.			1905020			and Description					
1			NERGY CO. Fourth Street			1895030 G								
-:::::::::::::::::::::::::::::::::::::			NM 88210				19,610							
			PIPELINE			1893	1895010 0		·					
7,000			, , ,			100			4, 1					
						-			Ú U			the state of the s		
											4 4000			
										UN 2	4 1990	0		
								SON COUNTY TO SO!						
							on con by.							
IV. Prod	uced W	ater												
	POD					24 POD 3	ULSTR Loca	ition and l	Description					
1895	05	0							·					
V. Well	Comple	tion Data				····		<del></del>	<del></del>					
· · · · · · · · · · · · · · · · · · ·			<del></del>			11)	זין יי	BTD	" Perfor	ations	<u> </u>	" DHC, DC,MC		
		ļ												
	31 Hole Size	e	я (	asing & Tul	ing Siz	ze .		<sup>3</sup> Depth S	rt		" Sac	ks Cement		
									F		Part	nt ID-3		
									7		7-16-96			
							·	<del></del>			1	2		
							· · · · · · · · · · · · · · · · · · ·				one	<u>op</u> _		
VI. Well	Test D	ata										<u>/</u>		
			ivery Date	37 -	37 Test Date		* Test Length		<sup>3</sup> Tbg. Pressur		<del></del>	* Csg. Pressure		
												Cog. 11Casort		
		47	<sup>47</sup> Oil C		' Wate	r	" Gas		" AOF			" Test Method		
		•												
"I hereby cert with and that the knowledge and Signature:	he information hellef.	rules of the Oil Co	onservation D true and com	plete to the he	est of m	ıy	oved by:		NSERVAT			E FON		
Title: Dane		Johnson)								···				
1100	duction	ı Tech	T.:	10/:==			Approval Date: 23			996 JUN 27 1996				
Date 6-11				18/488-									_	
* If this is a 02306	7	DIVE	WILDY	mber and na	me of	the previous o Kar 1	erator a Johns	son	Pror	ation	Anal	lyst 6/11/	90	
	Previous	Operator Signat	ure,			Pr	inted Name				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.

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.
- 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 bar. 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
- The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- 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
- Lease code from the following table:
  F Federal
  S State
  P Fee
  J Jicarilla 12

  - NU
  - Navajo Ute Mountain Ute Other Indian Tribe
- 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
- gas transporter The permit number from the District approved C-129 for this completion 15.
- 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: Oil Gas G
- 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.
- 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.
- 25 MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce খি.টে 26. 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.
- 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 bc's, 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
- Number of sacks of cement used per casing string 34

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
- 36. MO/DA/YR that gas was first produced into a pipeline
- 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 tra
- 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.
- 47. 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 The
- 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.