

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Magnum Hunter Production, Inc. P. O. Box 140907 Irving, TX 75014-0907		OGRID Number 149315 -
API Number 30 - 0 05-60034	Pool Name Buffalo Valley Penn	Reason for Filing Code CH 11-1-95
Property Code 000126 017934	Property Name Clements Buffalo Valley Penn	Pool Code 73080
		Well Number 1

II. Surface Location

UL or lot no. D	Section 1	Township 155	Range 27E	Lot Ida -	Feet from the 990	North/South Line North	Feet from the 990	East/West line West	County Chaves
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Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
12 Lee Code	12 Producing Method Code	14 Gas Connection Date	14 C-129 Permit Number	14 C-129 Effective Date	14 C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
009171	GPM Gas Company	0620230	G	D 01 15S 27E Chaves Co.
015694	Navajo Crude Co.	0620210	O	D 01 15S 27E Chaves Co.

IV. Produced Water

POD 620250	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	PSTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	
				Port ID-3
				12-1-95
				shy op

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Richard R. Frazier*
Printed name: RICHARD R. FRAZIER
Title: SR. VICE PRESIDENT
Date: 9/24/95

Phone: 214/401-3111

OIL CONSERVATION DIVISION

Approved by: SUPERVISOR, DISTRICT II

Title:

Approval Date:

NOV 22 1995

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Gary J. Garbacz

VP

7-1-95

Bledsoe Partners, Inc.

Printed Name

OGRID #025696

Title

Date

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED

"AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°.

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

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.

Reason for filling 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 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

The name of the pool for this completion

The pool code for this pool

The property code for this completion

The property name (well name) for this completion

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.

The bottom hole location of this completion

Lease code from the following table:

F Federal

S State

P Fee

J Uacilla

N Navajo

U Ute Mountain Ute

I Other Indian Tribe

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

gas transporter

The permit number from the District approved C-129 for

this completion

MO/DA/YR of the C-129 approval for this completion

MO/DA/YR of the expiration of C-129 approval for this

completion

The gas or oil transporter's OGRID number

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

office will assign a number and write it here.

Product code from the following table:

O Oil

G Gas

22.

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.)

The POD number of the storage from which water is moved

from this property. If this is a new well or recompletion and

number and write it here.

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.)

MO/DA/YR drilling commenced

MO/DA/YR this completion was ready to produce

Total vertical depth of the well

Plugback vertical depth

Top and bottom perforation in this completion or casing

shoe and TD if openhole

Inside diameter of the well bore

Outside diameter of the casing and tubing

Depth of casing and tubing. If a casing liner show top and

bottom.

Number of sacks 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

MO/DA/YR that gas was first produced into a pipeline

MO/DA/YR that the following test was completed

Length in hours of the test

Flowing tubing pressure - oil wells

Shut-in tubing pressure - gas wells

Flowing casing pressure - oil wells

Shut-in casing pressure - gas wells

Diameter of the choke used in the test

Barrels of oil produced during the test

Barrels of water produced during the test

MCF of gas produced during the test

Gas well calculated absolute open flow in MCF/D

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

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

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

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