PO Box 1980, Hobbs, NM 88241-1980

\$11 South First, Artesia, NM 88210

District III

DMIN I

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 [®]	<i>)\</i> ''
Revised October 18, 1994	.4
Instructions on back	()
Submit to Appropriate District Office	7)
5 Copies	í

Ul or lot no. Section Township Range Lot.Idn Feet from the North/South Line Feet from the East/West line County M 34 14S 29E 660 South 660 West Chaves 11 Bottom Hole Location UL or lot no. Section Township Range Lot Idn Feet from the North/South line Feet from the East/West line County	and Address ³ OGI	HORIZA	E AND A			ŒQUES.	, KE	1.	
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	Feet from the Portification line Feet from the East/V	Motun/South im	rect in our tire		, Lange	Township	J44301	02 01 101 201	
F Producing Method Code F Gas Connection Date 1983 "C-129 Permit Number C-129 Effective Date 1983 "C-129 Expiration Date 1983		Number	и С-129 Per	Connection Date 1983		_	_	¹³ Lee Code F	
III. Oil and Gas Transporters		·							
OGRID and Address and Description	1 000	³¹ O/0		¹⁹ Transporter Name and Addr ess					
5097 Conoco, Inc. P.O. Box 90 647730 G M-34-14S-29E	647730 G	G	64773					5097	
Maljamar, NM. 88264				88264			X (Y Y (Y		
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1998 FFF							74.		
RECEIVED	RE						NY DEL	Kana (Santana)	
OCD ARTESIA		Print Co. Co.	Same Copy one se		·				
V. Produced Water "POD ULSTR Location and Description 1 10-5	M DOD III CID I codles and Done of	D I seeden and	N POD II			iter			
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well Completion Data	· C			27		"Spud Date			
TELD PETIORATIONS DHC, DC,MC	T CI TOT MINUTE	* PBTD		ate "ID			<u></u> j		
³¹ Hole Size ²² Casing & Tubing Size ²³ Depth Set ²⁴ Sacks Cement	g & Tubing Size 33 Depth Set	²⁰ Depth Set		²¹ Casing & Tubing Size			31 Hole Size		
		· · · · · · · · · · · · · · · · · · ·							
									
I. Well Test Data		· · · · · · · · · · · · · · · · · · ·				ta	Test Data	I. Well I	
³³ Date New Oil ³⁴ Gas Delivery Date ³⁷ Test Date ³⁸ Test Length ³⁸ Tbg. Pressure ⁴⁸ Cag. Pressure	" Test Date " Test Length " Tbg. Pressure	Test Length	nte	²⁷ Test D	livery Date	M Gas De			
1 Choke Size 4 Oil 4 Water 4 Gas 4 AOF 4 Test Method	4 Water 44 Gas 4 AOF	" Gas		4 Wate	Oil	43	Size	41 Choke S	
Thereby 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 OIL CONSERVATION DIVISION	n have been complied	OII C	mplied	vision have been co	onservation Di	les of the Oil C	y that the rules information gi	I hereby certify with and that the	
with and that the information given above is true and complete to the best of my chowledge and belief. Signature: Approved by: SUPERVINCE, DISTRICT II	CONSERVATION I	,		ione to the beginning	· 1	.)	elief.	nowledge and be	
Printed name:		-			hatei	<u> </u>	XILA	rinted name:	
Frostman Oil Corp.	Approval Date:	ate:						itle:	
Production Clerk	FEB 1 7 1997			05/484-3		ion Cler		\	
If this is a change of operator fill in the OGRID number and name of the previous control						ator fill in the			
Jon Bear/Burk Royalty Co. Vice-President 298		Royalty					P)0	MIN	
Previous Operator Signature Printed Name Title Date	Printed Name Ti	lame	Print	,	ture	perator Signat	Previous Oper		
New Mexico Oil Conservation Division 6-104 Instructions	New Mexico Oil Conservation Division C-104 Instructions	n Division	o Oil Conserv -104 Instructi	New Mexic		7			

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

property there, west 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
- 2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- 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 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

12. Lease code from the following table:
F Federal
S State
P Fee

Jicarilla.

Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table: 13. Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14.
- 15. 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 G-129 approved for this 17.
- 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 Oil G 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.)
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 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 openhale 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 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 bottom. 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.

- 3R. Length in hours of the test
- Flowing tubin ___assure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 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
- The method used to test the well: 46 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
- 48. 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