District 1

n C-104 21, 1994 back ice

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				OIL CON	ew Mexico ral Resources Department ATION DIVISION ox 2088 M 87504-2088			Form C-104 Revised February 21, 1994 Instructions on back Submit to Appropriate District Office 5 Copies				
PO Box 2088,			Γ FOR A	ALI OWA:	RIFA	ND AT	TUODI	'7' A T			MENDED REPORT	
			Operator n	ame and Addre	DLE A	ND AC	THORI	ZAI	ION TO TI	RANSPO		
	S OIL,								009572			
1		M 88211	-0186						Reason for Filing Code			
4,	API Number		⁵ Pool Name						СН			
30 - 015-			Red Lake Queen+GB, East							* Pool Code 51340		
Property Code			' Property Name								' Well Number	
		Location		Duck	<u>.</u>				<u> </u>		1	
Ul or lot no.	Section	Township	Range	Lot.ldn	Feet fro	w the	e North/South Line		Feet from the	East/West li		
I			28E	1 -		980 Sou		.		East	Eddy	
UL or lot no.	Bottom	Hole Loc										
12 Lse Code		Township	Range	Lot Idn	Feet fro		North/South line		Feet from the	East/West lin	e County	
Fee	" Produci	ng Method Co	de ¹⁴ Gas	Connection Da	ite 15 (C-129 Permi	t Number	10	C-129 Effective I	ate 17	C-129 Expiration Date	
III. Oil a	nd Gas	Transport	ers									
			Transporter Name and A ldress			20 POI	,	21 O/G	¹² POD ULSTR Location			
015694 Navajo Ref						10426	1043610		and Description			
501 E. Mai		in	.0.	10436	10		1282930					
	Ar	tesia. 1	NM 88210						787128293037 100 200 A			
									\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Nou	7 73	
									223	NOY RECEI	2000 A5	
			*****						RECEIVED SO OCD - ARIESIA SO			
								761				
								राशिशिशिहारी				
V. Produced Water												
В	POD					² POD ULS	TR Location	n and D	escription			
7 117 11 2									•			
V. Well Completion Data 2 Spud Date 20 Re			eady Date									
		Ready Date 27 77)			²¹ РВТД		2º Perforat	2º Perforations 3º DHC, DC,N				
31 Hole Size		12 Casing & Tubing Size				33 Depth Set			34 Sacks Cement			
	· · · · · · · · · · · · · · · · · · ·											
												
-												
VI. Well	Test Da	ta										
35 Date No		34 Gas Del	ivery Date	³⁷ Tes	st Date	<u> </u>	Test Lengt	h	31 Thg. Pre	Sure	44 Csg. Pressure	
									106.116	soite	Cag. Hasute	
41 Choke Size		^d Oil		W O	49 Water		44 Gas		45 AOF		" Test Method	
" I hereby certif	y that the rul	es of the Oil Co	onservation Di	ivision have beer	n complied							
with and that the knowledge and l	nomation	given above is	true and comp	olete to the best	of my		OIL	CON	SERVATIO	ON DIVI	SION	
Signature: 74 when the Special						Approve-ORIGINAL SIGNED BY TIM W. GUM						
Printed name: Herbert R. Spencer							Title: DISTRICT II SUPERVISOR					
Title: Ma	anaging	Member			Approval	Approval Date: DEC 1 8 2000						
Date: 4/15/1997 Phone: 505-746-6658 If this is a change of operator fill in the OGRID number and name of the												
" If this is a cl	ange of ope	rator fill in the	OGRID nu	nber and name	of the pres						4/15/97	
- 340	Previous O	perator Signat	ure DA	· 		Sylv	ia Chil	ares	s Attorne	y-in-fac	t f/J.T.Haile	

Printed Name

Title

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 box.

- The API number of this well
- 5 The name of the pool for this completion
- The pool code for this pool 6.
- 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 QCD unit letter. 10. If the
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:

Federal State

Fee Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe

13. The producing method code from the following table:

Flowing
Pumping or other artificial lift

- MO/DA/YR that this completion was first connected to a gas transporter 14
- 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
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- 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.
- Product code from the following table:
 O Oil
 G Gas 21

- 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 26.
- 27 Total vertical depth of the well
- Plugback vertical depth
- 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. 29.
- Top and bottom perforation in this completion or casing shoe and TD if openhole

- 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

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
- MO/DA/YR that the following test was completed 37.
- 38. Length in hours of the test
- 39. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- 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
- 46. 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 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.