## District I PO Box 1968, Hobbs, NM 28241-1960

## State of New Mexico

Revised February 21, 1994 Instructions on back

District II Submit to Appropriate District Office OIL CONSERVATION DIVISION PO Drawer DD, Artesia, NM 88211-0719 5 Copies PO Box 2088 Santa Fe, NM 87504-2088 District III 1906 Rio Brazos Rd., Aztec, NM 87410 MENDED REPORT District IV PO Box 2003, Santa Fe, NM 87504-2008 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT 2 OGRID Number Operator name and Address 162683 Gruy Petroleum Management Co. Reason for Filing Code P. O. Box 140907 Irving, Texas 75014-0907 Request for Pool Code Number \* Pool Code Pool Name 4 API Number 96099 **30 - 0**015-22878 ' Well Number <sup>7</sup> Property Code 1 SWD AID 24 STATE COM 27959 10 Surface Location II. North/South Line | Feet from the East/West line County Feet from the Lot.ldn Township Ul or lot no. South 1980' West Eddy 660' 17S 28E 11 Bottom Hole Location East/West line County North/South line Feet from the Range Feet from the UL or lot no. Section Township Lot Idp 17 C-129 Expiration Date 13 C-129 Permit Number " C-129 Effective Date 14 Gas Connection Date " Producing Method Code 12 Lac Code wiw Oil and Gas Transporters 22 POD ULSTR Location 11 POD 31 O/G " Transporter Name Transporter OGRID and Description and Address 367897077 OCD ARTESI Produced Water 24 POD ULSTR Location and Description POD Well Completion Data 21 PBTD 2º Perforations P TT) 13 Spud Date 24 Ready Date 8514' - 8942' 9115 9174' 04/16/01 05/02/01 <sup>33</sup> Sacks Cement 12 Depth Set Hole Size 31 Casing & Tubing Size 475 sx surface 418' 13 5/8" 17 1/2" 935 sx surface 2594 8 5/8" 12 1/4" 9174' 1310 sx 2500 5 1/2" 7 7/8" VI. Well Test Data 34 Test Date " Test Length 34 Thg. Pressure " Cag. Pressure H Date New Oil 35 Gas Delivery Date 43 Gas 4 AOF " Test Method 4 Oil 42 Water " Choke Size I hereby certify that the rules of the Oil Conservation Division have been complied tion given above is true and complete to the best of my OIL CONSERVATION DIVISION knowledge and bek ORIGINAL SIGNED BY TIM W. GUM Approved by: Signature: DISTRICT II SUPERVISOR Title: Printed name: Dakota Black Title: Approval Date: Production Analyst Phone: (972) 401-3111 If this is a change of operator fill in the OGRID number and name of the previous operator Previous Operator Signature Printed Name Title

## 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 3.

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.

- 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
- The bottom hole location of this completion 11.
- Lesse code from the following table: 12.

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 14. 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
- 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
- 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
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and
- 33 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
- 35 MO/DA/YR that gas was first produced into a pipeline
- 36 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 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- Barrels of oil produced during the test 41
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:

Flowing Pumping Swabbig

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 46.
- 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.