District I

PO Box 1980, Hobbs, NM 88241-1980

District II PO Drawer DD, Artesia, NM 88211-0719

District III

State of New Mexico Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION PO Box 2088

Form C-104()) ary 21, 1994 Revised February 21, 1994 Instructions on back

Submit to Appropriate District Office 5 Copies

00 Rio Brazos strict IV				Santa Fe	e, N	M 8750	4-2088				AME	NDED REPORT	
) Box 2088, Sa	nia Fe, NM RI	EQUEST I			LE A	AND AU	JTHOR	ZATI	ON TO TR	ANSP	ORT		
Н	[& S O:	il LLC 'O	perator name			000572				OGRID Number			
P.O. Box 186 Artesia, NM 88211-0186							009572				Reason for Filing Code		
	, NM .002				CH · 1,				/1/97				
4 A	P1 Number	· · · · · · · · · · · · · · · · · · ·		<u>, , , , , , , , , , , , , , , , , , , </u>		Pool Na	me .				٠,	Pool Code	
30 - 0 ₁₅₋₂₃₅₁₆ Red Lake (Queen Gr						Graybur	rayburg-SA)				005130		
' Property Code			¹ Propert				rty Name			' Well Number			
4	843		Hastie								20		
		Location			= -		North/So		Feet from the	East/We	o iina l	County	
Ji or lot no.	Section	Township		Lot.ldn		rom the				West Eddy		•	
D, 11 T	18	17	28		66	0	Nort	t n	660	we	St	Eddy	
UL or lot no.	Section 1	Hole Local	Range Lot Idn		Feet from the		North/South line		Feet from the	East/We	ast/West line County		
OL OF HOL HO.	Section	townsurb	Kange										
" Lac Code Fed.			de 14 Gas Connection Date			15 C-129 Permit Number		C-129 Effective	C-129 Effective Date 17 C-129 Expiration		29 Expiration Date		
II. Oil a	nd Gas	Transporte	rs	<u> </u>								•	
1 Transporter		" Transporter Name				24 POD 21 O/G			³² POD ULSTR Location and Description				
OGRID		and A ldress								400 2	cattipe.	·	
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	POD					~ POD	OF21K FOCE	DOE BOIL	Description .				
V. Well	Comple	tion Data			-								
	d Date	2 R		27 TD		¹¹ PBTD		29 Perfor	ations	ons DIIC, DC,N			
	_									м е			
	31 Hole Size	ze ¹¹ Casing & Tubing Size					33 Depth 5		ict	\mathcal{O}	M Sacks Cement		
										For		14 67	
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										che	49 L	name.	
VI. Well Test Data "Date New Oil "Gas Delivery Date "Test Date							* Test L	ength	" Tbg. Pressure "Csg. Pressure			" Cig. Pressure	
Pare													
41 Choke Size		43	4 Oil . 49 M		Vater		" Gas		4 AOF			* Test Method	
47 I hereby cer	rtify that the	rules of the Oil C	Conservation I	l Division have bee	n com	plied			NOCONA	CION! F	11111	SION	
with and that knowledge an	the informati	on efven above is	true and com	iplete to the best	of my		C roved by:		ONSERVAT ERVISOR, DIS			DIOIA	
Signature:	71.	ecleen?	K,	pence	٠ <u>ر</u>			SUP.	ERVISOR, DI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		······································	
Printed name:	rt R. Spe	ncer /			Title:								
Title:	ing Membe	r		Арр	Approval Date: FEB - 5 1997								
Date:	Jan. 2	3, 1997	Phone:	05-746-6	658								
" If this is a	change of	perator fill in the	e OGRID n	umber and nam	e of th	he previous	operator	o Cne	ancer	Co-	Owne	r 1/23/97	
ļ		s Operator Signs	// V	pena	٠(erbert F		JICCI .		litle	Date	
	rreviou	a Operator bight									•		

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.
- 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.

If for any other reason write that reason in this box.

- Δ 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
- Lease code from the following table: 12.

Federal State SP

13.

Fee Jicarilla

Navajo Ute Mountain Ute

- Other Indian Tribe
 - The producing method code from the following table: Flowing Pumping or other artificial lift
- 14. MO/DA/YR that this completion was first connected to a gas transporter
- 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
- 17. MO/DA/YR of the expiration of C-129 approval for this completion
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- 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
- 28. MO/DA/YR this completion was ready to produce
- 27 Total vertical depth of the well
- 28. 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 29. in this well bore.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 30.

- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 34. 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.
- 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.
- 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 48. signed by that person