

District 1 1625 N. French Dr., Hobbs, NM 88240 District II 811 South First, Artesia, NM 88210

Date:

6-25-99

State of New Mexico

Form C-104 Revised March 25, 1999 Instructions on back Submit to Appropriate District Office

009572 Title

Managing Member

Printed Name

6-25-99

OIL CONSERVATION DIVISION

District III	At tesia,		2040 South Pacheco							5 Copies	
1000 Rio Brazos Rd., Aztec, NM 87410			Santa Fe. NM 87505							MENDED REPORT	
District IV 2040 South Pach	eco, Santa Fe,	NM 87505								131.733	
I.	RE	EQUEST	FOR AL	LOWABL	E AND	AUTHORI	ZATIO	N TO TRAN	SPORT		
Operator name and Address										² OGRID Number	
Gas Well Services, Inc. 26 E. Compress Rd.							163645 Reason for Filing Code				
		E. Compi <u>esia, N</u>							СН 6-10-99		
4,	API Number	esia, N	<u> </u>	<u>) </u>	5 P	ool Name	ol Name		Pool Code		
30 - 0 15-			Red Lake (Queen Grayburg-SA)					005130			
	roperty Code		Property Name					9 Well Number			
7776	<i>3</i> 484	7	Mı	uncy Fede	ral				#2		
II. 10	Surface I	ocation							·		
Ul or lot no.	Section	Township	Range	Lot.Idn	Feet from th	e North	South Line	Feet from the	East/West line	County	
E	13	17	27		1980) No	rth	660	West	Eddy	
		Hole Loca		1 1500 1101 011				1			
	Section	Township	Range	Lot Idn	Feet from the	he North	/South line	Feet from the	East/West line	County	
UL or lot no.											
12 Lse Code	13 Producis	ng Method Cod	le 14 Gas	Connection Date	15 C-1	29 Permit Numb	er	16 C-129 Effective I	Pate 17 C	C-129 Expiration Date	
Fed SI		ing internou cou	Gas Connection Date								
L	<u> </u>		l				,l				
III. Oil and Gas Transporters											
18 Transpo	rter	19	Transporter I			²⁰ POD ²¹ O/G		22 POD ULSTR Location and Description			
OGRID	<u> </u>		and Addres						<u> </u>		
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						rang sa sa Marina sa	e contribution and (A.) in	25	*.	14	
							tem en				
						ACCOUNT OF BUILDING TO PROPER OF A CONTROL OF	2 110000				
					10 M	* * * * * * * * * * * * * * * * * * *					
IV. P	roduced V	Water									
		vv atci			 ;	POD ULSTR I	ocation and	Description			
•	' POD										
V. W	Zell Comp	pletion D	ata							10	
25 Sp	ud Date	26	Ready Date		²⁷ TD	21	PBTD	29 Perfor	ations	³⁰ DHC, MC	
		-									
	31 Hole Size	<u> </u>	37	Casing & Tubing	g Size		33 Depth S	Set	³⁴ Sa	acks Cement	
									Posted	TO. 3	
									8-13-99		
						Loliz Of					
L				 	···						
VI. V	Vell Test							10		40 Csg. Pressure	
35 Date	New Oil	36 Gas I	s Delivery Date		st Date	³⁸ Te	st Length	39 Tbg. P	ressure	Csg. Pressure	
								45 A		46 Test Method	
41 Cho	oke Size		⁴² Oil	4"	Water		4 Gas	A	OF	i est Method	
47.				alam barra bir iri	unlied with		OII C	ONGEDYAN		SION	
" I hereby cer	tify that the rule formation given	es of the Oil Cor rabove is true a	nservation Divi nd complete to	sion have been con the best of my kno	npnea with wledge and		OIL C	ONSERVA	ו אזמ אטזי	21OIA	
belief.	1		1	•	-		OBI	ginal signs	n by tim	M GIIM 1 -	
Signature:	2001.	Watt				Approved by:		TRICT II SUP		136	
Printed name.	port-	1				Title:				\overline{V}	
	ack Matt resident					Approval Date:		7.1	3-99		
PI	-colucil(,				H		/ L	~ <i> 1 </i>		

505-748-2854 the OGRID number and name of the previous operator

Herbert R. Spencer

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
- 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

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
- The pool code for this pool
- The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- 10. 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.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:

F Federal

S State

P Fee

J Jicarilla

N Navajo

U Ute Mountain Ute

I Other Indian Tribe

13. The producing method code from the following table:

F Flowing

- P 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
- 19. Name and address of the transporter of the product
- 20. 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.
- 21. 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.)
- 23. 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.
- 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.)
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 30. Write in 'DHC' if this completion is downhole commingled with another completion or 'MC' if there is more than one non-commingled completion in this well bore. Attach actual completed well bore diagram.
- 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

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
- 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
- 40. Flowing casing pressure oil wells Shut-in casing pressure gas wells
- 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.

- 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