District I

PO Box 1980, Hobbs, NM 88241-1980

District II

PO Drawer DD, Artesia, NM 88211-0719

Form C-104 (1) Form C-104

Revised February 21, 1994

Instructions on back
Submit to Appropriate District Office

5 Copies

OIL CONSERVATION DIVISION

State of New Mexico
Energy, Minerals & Natural Resources Department

District III 1000 Rio Brazos	Rd., Aztec,	NM 87410	<u> </u>		PO Box Fe, NM		-2088			r	1	5 Copies			
District IV PO Box 2088, S	anta Fe, NM	87504-2088								<u> </u>	-	NDED REPORT			
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					OCCETA										
H & S Oil LLC P.O. Box 186							009572				Reason for Filing Code				
Artesia, NM 88211-0186							CH.				1/1/97				
⁴ API Number ⁴ Po							ol Name			Pool Code					
30-0 15			Red Lake(Queen Grayburg-SA)				•		00513						
Property Code			¹ Property Name						' Well Number						
48	352		Scott FEDERAL						1						
II. 10 Surface Locatio			n												
Ul or lot no.	Section	Township		Lot.Idn	Feet from	the	•		Feet from the	East/We		County			
P	12	17	27		660		South		660	Ea	East Eddy				
11	Bottom 1	Hole Lo	cation		·		T			1					
UL or lot no.	Section	Township	Range	Lot Idn	Feet from	the	North/South lin		Feet from the	East/W	est line	County			
" Lee Code		ng Method	Code 14 Gas	Connection Da	te 15 C-	-129 Perm	it Number	'	* C-129 Effective	Date	¹⁷ C-1	29 Expiration Date			
	<u> </u>		rtors												
III. Oil and Gas 7		1 Tansporter Name				20 PO	D	ii O/G	²² POD ULSTR Location						
OGRID			and A ldress						and Description						
009171		G112				L04433	0	G							
		Bartlesville, OK 74004													
											•				
								FEB - 4 1997							
									CA 004. 014.						
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IV. Prod		ater				14 non 115	07771	•	D t - 41	 					
_	POD				•	- POD UI	LSTR Locat	ion and	Description		٠				
37 337-11	Comple	tion Do	<u></u>												
V. Well Completion By Spud Date			" Ready Date "TD				" PBTD		29 Perfor	²⁹ Perforations ²⁴ I		* DHC, DC,MC			
		ĺ			·										
31 Hole Size		:	32 Casing & Tubing Siz				33	Depth S	et	1	[™] Sac	ks Cement			
										PM ID-3					
										<u> </u>	<u>-14-</u>	97			
										she op name					
										. 0					
VI. Wel	l Test D	ata													
M Date New Oil M G		³⁴ Gas	s Delivery Date 37 Test		est Dale	t Date		ngth	3 Thg. Pressure			** Csg. Pressure			
41 Choke Size		-	⁴² Oil . 45		Water		4 Gas		45 AOF			" Test Method			
47 I hereby co	rtify that the	rules of the (Oil Conservation	Division have b	een complied		· · · · · · · · · · · · · · · · · · ·				<u> </u>	NON.			
with and that knowledge ar	with and that the information given above is true and complete to the best of my knowledge and belief.								OIL CONSERVATION DIVISION Approved by: SUPERVISOR DISTRICT II						
Signature:	ce le	KKY	earl.	_	Joi Envison, District II										
Printed name	ert R.	Spencer			Title:										
Tille: Managing Member							Approval Date: FEB - 5 1997								
	an. 23,			505-746-											
4 If this is	a change of	perator fill	in the OCILID	number and na	me of the pi	revious op	erator	ncer	Co-Owi	ner		1/23/97			
	President	Operator S	Signature	1 Skee	Her	PH:	nted Name		cio owi		Title	Date			
II	T LEATON	- operator (-Pagini,	•											

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.

- The API number of this well
- 5. The name of the pool for this completion
- R 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:

Federal State

Fee

Jicarilla N N

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table:
F Flowing
P Pumping or other artificial lift 13.

- 14. MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- 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.
- 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.
- 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
- 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 30.

- 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
- 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.
- 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
- The method used to test the well:
 F Flowing
 P Pumping
 S Swabbing 46.

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