District I PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico
Minerals & Natural Resources Department

Revised February Instructions on b

District [] PO Drawer DD, Artesia, NM 88211-0719 OIL CONSERVATION DIVISION District III Submit to Appropriate District Offic 1000 Rio Brazos Rd., Aztec, NM 87410 PO Box 2088 5 Copies Santa Fe, NM 87504-2088 District IV PO Box 2088, Santa Fe, NM 87504-2088 ☐ AMENDED REPORT REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address Rodney B. Webb OGRID Number d/b/a Webb Oil Company 099 P.O. Box 1124 APR - 4 1904 Artesia, NM 88211-1124 Reason for Filing Code CH API Number Pool Name 30-015-04097 Pool Code SQUARE LAKE GRAYBURG SAN ANDRES Property Code 57570 Property Name Well Number WRIGHT B FEDERAL TR. 10 Surface Location 6 Ul or lot no. Section Township Range Lot.ldn Feet from the North/South Line Feet from the East/West line G County 06 175 30 E 1980 North 1980 EAST 11 Bottom Hole Location EDDY UL or lot no. Section Township Range Lot Ida Feet from the North/South line Fast/West line Feet from the 11 Lee Code 11 Producing Method Code 14 Gas Connection Date 15 C-129 Permit Number " C-129 Effective Date 17 C-129 Expiration Date III. Oil and Gas Transporters Transporter OGRID 1\* Transporter Name <sup>20</sup> POD 11 O/G POD ULSTR Location and Address and Description 015694 Navajo Refining Co. 1219710 0 06 175 30E P.O. Box 159 <u>Artesia, NM</u> Produced Water POD M POD ULSTR Location and Description 1219750 G 06 175 30E

Spud Date	14 Ready Date	" TD	" PBTD	2º Perforation	
<sup>34</sup> Hole Size	31 Casing & Tubi	ne Sine			
		ing State	<sup>11</sup> Depth Set	n Sacks Cement	
				posted id:	
				4-8-94	
				Cha. 00.	
Well Test Data				<del></del>	

Date New Oil	M Gas Delivery Date	<sup>34</sup> Test Date	" Test Length	H Thg. Pressure	H Cag. Pressure	
" Choke Size	41 Oil	<sup>a</sup> Water	a Gas	4 AOF	" Test Method	
I hereby certify that the rule information	les of the Oil Conservation Division	on have been complied			Wethou	
nowledge and batter,			OIL CONSERVATION DIVISION			
Nodne Nodney			Approved by: ///	EPHIND INCOME	!!	
le: Dur			Approval Date:	£ = 400		
3/3/194	Phone: (505	5)748-2081		0.5 1994		
Hack Energy Co	stor fill in the OGRID number of reporation OGR erator Signature					
_ (non	J. Coute	Crica	Printed Name	Title	Date	

Mass D. Carter Crissa D. Carter Production Clerk 731/94

## 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.
- 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) 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.
- Lease code from the following table:
  F Federal
  S State
  P Fee
  J Jicarilla 12.

- Navajo Ute Mountain Ute Other Indian Tribe
- 13. 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
- MO/DA/YR of the C-129 approval for this completion 16.
- 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
- 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. Oil Gas

- T' e 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
- 26. MO/DA/YR this completion was ready to produce
- 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
- Outside diameter of the casing and tubing 31.
- 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.

- 34. 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
- 37. 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
- 41. Barrels of oil produced during the test
- Barrels of water produced during the test 42.
- MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D 44.
- 45. The method used to test the well:

Flowing Pumping Swabbin

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.