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

State of New Mexico
Energy, Minerals & Natural Resources Department

District II NO Drawer DD, Artesia, NM 88211-0719

Form C-104 //SF Revised February 10, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

District III

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410 District IV

Salita PC, NIVI 87504-2088 AMENDED REPORT														
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT														
Operator name and Address										OGRID Number				
Shahara Oil Corporation										143119				
P.O. Box 3232										' Resson for Filing Code				
Carlsbad, New Mexico 88221-3232										CH 8-1-95				
API Number Pool Name										' Pool Code				
30-015-04366 Grayburg Jacks							71	Pus	QN,	GB-5A 28509			509	
Property Code			Grayburg Jackson WFUNAD							' Well Number				
17364													_3	
I. S	Section	Ocation Township	Range Lot.Idn Feet from the					North/So	uth Line	Feet from the East/West line C		County		
		17-5	1 1			660		North		1980	Wes		Eddy	
11 Bottom Hole Location														
UL or lot no. Section Township							t from the North/South line			Feet from the East/West line County			County	
C	c 27 17-5		30 E		1	660		North		1980	Wes	West Eddy		
12 Lac Code	Lae Code 13 Producing		thod Code 14 Gas C		ale	e ¹⁵ C-129		t Number	1	C-129 Effective	Date	ate 17 C-129 Expiratio		
FP														
II. Oil au		<u>.</u>	· · · · · · · · · · · · · · · · · · ·											
"Transporter OGRID			19 Transporter Name and Address				" POD		31 O/G	¹² POD ULSTR Location and Description			l l	
D15694 N		Navajo	Refi	ning C	ing Co.		085410		0	K 27 1:		17-5, 30-E		
Sings (1975)	Mark Z	Box 15	9	7	7		(# 1 %)			•		•		
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NICTURAL SUP	272-33					\$503.20L	ast i litt	\$12.00.00S	EDIL BALES					
RECEIVE										5 <u>Ľ</u>	<i>)</i>			
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IV. Prod	uced Wa	ater				******					es a	اناتا	<u>-/</u>	
	POD			· - · · · - · · · ·						Description (D)	5 1 			
2085	1450	K	, 27,	. 17-5		30-1	E,	70	ink	Batte	Y			
V. Well Completion Data														
¹³ Spud Date			ate	te i			" TD		^и РВТО		28 Perforations			
³⁶ Hole Size			N. C			ubina Siva				Depth Set		33 Sacks Cement		
Hole Size			31 Casing & Tubing Size			 	Берп з						1In-3	
												2/ 5	19 92	
												<u>~!X</u>	<u>-18-75</u>	
· -							+				in op			
VI. Well Test Data														
	New Oil		divery Date	ж	Test Di	ite	T	" Test L	ength	и Tbg. I	Pressure	1	H Cag. Pressure	
										*				
4 Choke Size		41	4 Oil 41			Water		" Gas		4 AOF			" Test Method	
<u></u>														
		rules of the Oil (on given above i						0	יוו ככ)NSERVAT	rion i	ועוכ	SION	
knowledge and	belief.		1/1)11021C11C		J 1 V 10		
Signature:	1er	mt.	Ling	Kes			Approv	rea by:	STIP	ERVISOR, DIS	TRICT !	7		
Printed name:	Perry	<u> I. A</u>	ughas	<u>-</u>			Title:							
	eside	<u>_</u>	/				Approv	al Date:	A	UG 1 1 199	<u> 35</u>			
Date: 8/4/9.5 Phone: 505 885-5433 7 If this is a change of operator fill in the OGRID number and name of the previous operator														
" If this is a	change of o _l タゲノ	perator fill in ti	ne OGRID n	umber and na	me of t	the previ	ous oper	rator	1/	1 1 /	/		alika	
 	Previous	Operator Sign	ature	amsey		VICE	- Prin	ted Name	u1/2	exploitat	10 /V T	itle	8/4/95 Date Vand Tx 19702	
w.	Ramey	Co	astal	Mana	ge n	rent	Co	r pora	tion	P.O. Box	2726,	Mid	and Tx 79702	
L	- 0			/			****	/						

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

AO Add oil/condensate transporter

CO Chenge 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 (weil 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.
- 12. Lease code from the following table:

Federal State

NU

State
Fac
Jicarilla
Navajo
Ute Mountain Ute
Other Indian Tribe

- The producing method code from the following table: 13.
- 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
- 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.
- 21. Product code from the following table:
 - Oil Gas

- The ULSTR location of this POD if it is different from the 22. well completion location and a short description of (Example: "Battery A", "Jones CPD", etc.)
- The POD number of the storage from which wate se moved from this property. If this is a new well or recomplication 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 differen from the well completion location and a short description to the POD (Example: "Battery A Water Tank", "Jones C D Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produ-
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion $\ensuremath{\mathbf{x}}$ 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 sho top and
- 33 Number of sacks of cement used per casing str g

The following test data is for an oil well it must be freen 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 p eline
- 36. MO/DA/YR that the following test was complet if
- 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
- 42. Barrels of water produced during the test
- MCF of gas produced during the test 43.
- 44. Gas well calculated absolute open flow in MCF.

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 t a 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 représentative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.