## State of New Mexico Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION

PO Box 1980, Hobbs, NM 88241-1980

Form C-104 Revised February 10, 1994 Instructions on back

Submit to Appropriate District Office

07/31/97

President

District II PO Drawer DD, Artesia, NM 68211-0719 Santa Fe, NM 87504-2088 AMENDED REPORT District IV REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT 143119 SHAHARA OIL, LLC 3. Reason for Filing Code 207 W MCKAY 07/17/97 CH - Effective CARLSBAD, NM 88220 28509 Grayburg Jackson 7 Rvs-QN-GB-SA 30-015-04377 1 Grayburg Jackson WFU TR ME 17364 10. Surface Location County North/South Line Feet From the Eddy 1650 East South 990 **17S** 30E 28 0 11. Bottom Hole Location County Eddy 1650 East South 990 30E 28 **17S** Water injector F Oil and Gas Transporters 22 POD ULSTR Location 20 POD and Description and Address 123456 SEP 1997 RECEIVED OCD - ARTESIA **Produced Water** IV. 24. POD ULSTR Location and Descript Well Completion Data 27 TD 31. Casing & Tubing Size 30. Hole Size Port ID-3 dy or manne VI. Well Test Data 38. Tbg. Pressure 37. Test Length 36. Test Date 45. Test Method 44. AOF 43. Gas 42 Water 40. Choke Size 46. I hereby certify that the rules of the Oil Conservation Division have been complied OIL CONSERVATION DIVISION above is true and comple knowledge and b SUPERVISOR, DISTRICT II Perry L. Hughes Title SEP 1 0 1997 President (505) 885-5433 07/31/97 mber and name of the previous operator 47. If this is a SHAMARA OIL CORPORATION Date Printed Name

Perry L. Hughes

District II

Revised February 10, 1994

Instructions on back

District III

NO Drawer DD, Artesia, NM 88211-0719

1000 Rio Brazos Rd., Aztec, NM 87410

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

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Submit to Appropriate District Office
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## 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 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
- The name of the pool for this completion 5.
- 6. The pool code for this pool
- 7. The property code for this completion
- The property name (well name) for this completion 8.
- 9. The weil 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

- Jicarilla Navajo Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table:

  F Flowing
  P Pumping or other artificial lift

MO/DA/YR that this completion was first connected to a 14.

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
- 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.

- 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.)
- 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 24. 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
- 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 cament 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. 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.
- 39. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 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
- 43. MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D
- The method used to test the well:
  F Flowing
  P Pumping
  S Swabbing 45.

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 46.
- 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 signed by that person