8-4-95

Title

District [

State of New Mexico

Form C-104

	PO Box 1960, Hobbs, NM \$2241-1960				Energy, Minerals & Natural Resources Department								Revised February 10, 1994				
District II PO Drawer DD, Artenia, NM 88211-8719			OIL CONSERVATION DIVISION								Instructions on back Submit to Appropriate District Office						
District III				PO Box 2088							5 Copies						
1000 Rio Brame District IV		Santa Fe, NM 87504-2088							AMENDED REPORT								
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•	Choke Siz	ire		4 Oil		4 Water			4 Gas			4 AOF	AOF 4 Test Method				
				1.6				<u> </u>									
	"I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my										OIL CONSERVATION DIVISION						
knowledge and belief.																	
	Signature: ling to								Approved by: SUPERVISOR, DISTRICT I								
Printed name: Perry II. Hughes								Ti	Title:								
Title: President									Approval Date: A96 1 4 199								
D																	
Bate: 8-4-95 Phone: (505) 885-5433																	

Coastal Management Corporation

J. W. Ramsey

Previous Operator Signature

Whaney

V. President/Exploitation

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 80°. 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

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.
- 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. 3.

- 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
- Я The property name (well name) for this completion
- 9. The well number for this completion
- 10. The surface location of this complation 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.
- The bottom hole location of this completion 11
- Lease code from the following table:
 F Federal
 S State
 P Fee 12

Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table: Pumping or other artificial lift
- 14. MO/DA/YR that this completion was first connected to a
- 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
- 17. MO/DA/YR of the expiration of C-129 approval for this
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- 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:
 O Oil
 G Gas

- 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", etc.) 24.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 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. Inside dismeter of the well bore
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and bottom.
- 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.

- MO/DA/YR that new oil was first produced 34
- MO/DA/YR that gas was first produced into a pipeline 35
- MO/DA/YR that the following test was completed 36.
- 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
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:

F Flowing
P Pumping
S Swabbing
If other method please write it in.

- 46. 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
- The previous operator's name, the signature, printed name, and title of the previous operator's representative suthorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47