District I PO Bex 1988, Hobbs, NM \$8241-1988 District II

State of New Mexico Energy, Minorals & Notural Resources Dep

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

PO Drawer DD, Artesia, NM 88211-0719

OIL CONSERVATION DIVISION

District III 1000 Rio Braze	× Rd., Azte	e, NM 87410		Sant	PO I	Box 2088 NM 8750	4-208	2	•		,,,,,,	5 Co	
District IV PO Box 2008, 1	Santa Pa. N	M 87504-2088		Julia	4 1 0, 1	1111 0750	T-2001				AMI	ENDED REPO	
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20145			Stev	vens A	Property Name			7 Well Nam		ell Number			
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SAME		RFACE			-			200173 6734	Feet from the	East/Wes	ast/West Ene County		
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	F			FLOWLIN	VE								
III. Oil and Gas Transporters "Transporter "Transporter Name "FOD "O/G "FOD ULSTE Location"													
OGRID	OGRID		and Address			100		n O/G		22 POD ULSTR Location and Description			
015694		NAVAJO REFINGING CO,				2818516 0			M 13-17S-30E				
									STEVENS A TANK BATTERY				
005097		CONOCO, INC.					2818862 G			M-13-17S-30E			
									STEVENS A LEASE GAS SALES				
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2818866			17S-30I	E STEVI	ENS A	LEASE W							
. Well C	ompleti												
Spud Date 6/11/97 CIBP 6/20			*Ready Date 0/97 WAIT ON 347 FLOWLINE			31 329		× PBTD	27	2739 -2951			
M Hole Size			FLOWLINE ** Casing & Tubing Size			M Depth Set							
				3-5/8"	470' IN PLACE			** Secks Comest 250 SKS			ement		
			5-9/16"			3487' IN PLA							
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								•					
I. Well T							•	****					
6/18/97	/97 WAIT ON				st Dátu) 7	Dátu # 24		ţů.	Tog. Pressure		³⁴ Cag. Pressure		
18/64" 80			20			4 Gw 35			" AOF		4 Test Method		
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inted name:		Approved by: ORIGINAL SIGNED BY TIM W. GUM											
ie:		Title: DISTRICT II SUPERVISOR											
PET		Approval Date: 3 1007											
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P	revious Op	trator Signature	· .			Printed N	ame			Title		Date	

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.
- 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 gode 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.' bex. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table: 12. Federal State Fee Jicarilla LAN Navajo Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table: Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a gas transporter 14.
- 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.
- 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.

- T: a ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Sattery 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 POO (Example: "Battery A Water Tank", "Jones CPD Water 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
- 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
- Depth of casing and tubing. If a casing liner show top and bottom, $% \left(1\right) =\left(1\right) \left(1\right)$ 32.
- Number of eacks 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 receivered.

- 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
- 38. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- Flowing easing pressure oil wells Shut-in easing 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
- The method used to test the well:

 F Flowing
 P Pumping
 S Swebbing
 If other method please write it in. 45.
- 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 varify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.