Revised February 10, 1994 BF

District II

NO Drawer DD, Artesia, NM 88211-0719

District III

Instructions on back of Submit to Appropriate District Office of 5 Copies

IL CONSERVATION DIVISION
PO Box 2088

1000 Rio Brazos Rd., Aztec, NM \$7410 District IV	Santa	Fe, NM 87	504-2088		_	. 2
PO Box 2068, Santa Fe, NM 87504-2088					A	MENDED REPORT
	FOR ALLOWA	BLE AND	AUTHORIZAT	ON TO TR	ANSPO	RT
			<sup>1</sup> OGRID No			
					143119	
P.O. BOX 3232	د 2		Reason for Filing Code			
	, no	2000/	V			
'API Number	w//exico	88221	-3232		<u>CH</u>	8-1-95
1	10000	Tool	o DI/be o	n = n	0.00	' Pool Code
' Property Code	TRAY OURG	JACKSON _	7 RVRS-GN-			
1	Midde	/	ty Name	' Well Number		
9119 17365	MAddesin	A FEDE	RA/			5
II. 10 Surface Location Ul or lot no.   Section   Township	Range Lot.Idn	15			·	
	1 . 1	Feet from the		Feet from the	East/West li	ine County
4 28 17-5	30E	1650	North	2310	EAST	- Eddy
<sup>11</sup> Bottom Hole Loca	tion			-		
UL or lot no. Section Township	Range Lot Idn	Feet from the	e North/South line	Feet from the	East/West I	ine County
G 28 17-5	30E	1650	Noeth	2310	EAST	Eddv
12 Lee Code 13 Producing Method Code	e 14 Gas Connection	Date 16 C-129	Permit Number	" C-129 Effective		C-129 Expiration Date
F   P	6/23/81					
III. Oil and Gas Transporte	ers	<del>-,, 1</del> ,,		***	l	
11 Transporter 19 T	ransporter Name		<sup>11</sup> POD <sup>11</sup> O/G	1	" POD ULST	R Location
OGRID	and Address				and Desc	ription
015694 NAVAJO K	Etining Comp	DANY 209	12210 0	G-28,17	7-5, 30-1	E
P.O. BOX 1 ARTESIA,	59, In.	\$115 1000		TANK:		
1	NEW MEXIC	,				
009171 GPM	GAS CORPOR	PAHON 20	92230 G	G-28,1	7-5-3	0-E
Odessa.	JAS COMPOR I BROOK TEXAS 7976	2		TANK	Rollos	1/
Udessa,	1EM 3 1/10 8			1/ANL 4	אשהיחט	<u>/</u>
						IVED
				្រា		
				**		430
shipson Assignm Cik		A Laboratoria			AUG 1 1	1995
IV. Produced Water  "POD IT STR I ocation and Description						
1 1 2	0000 0		OD ULSTR Location and		DIST	· 2
	38,17-5, 3	U-E /	ANK BAHERY		L. 2 18 CD .	C. 67.0
V. Well Completion Data						
15 Spud Date	16 Ready Date	n	TD	" PBTD		20 Perforations
™ Hole Size	31 Casing & T	ubing Size	32 Depth	Set	3	Sacks Cement
			P + TO.3		7-12	
				1	ν.,	チョカルマ
		<del></del>			- Fn	710-3
1					- Pn 8-	7 10-3
					- f n 8-	7-10-3 -18-95
					8- 8-	7-18-95 12-95
VI. Well Test Data					8- 8-	7-10-3 -18-95 
	livery Date	* Test Date	" Test Length	з Tbg.	8-	7 10-3 -18-95 
H Date New Oil 14 Gas De		™ Test Date	" Test Length	и Tbg.	8-	7 10-3 -18-95 
H Date New Oil 14 Gas De	divery Date	Test Date	" Test Length		8- Pressure	" Cag. Pressure
Date New Oil  Gas De  Choke Size	Oil	43 Water			56	
Date New Oil  Gas De  Choke Size  1  1 hereby certify that the rules of the Oil O	Oil  Conservation Division have	4 Water	<sup>4</sup> Gas	**	AOF	4 Test Method
Date New Oil  Gas De  Choke Size	Oil  Conservation Division have	4 Water	<sup>4</sup> Gas		AOF	4 Test Method
** Choke Size **  ** Choke Size **  ** I hereby certify that the rules of the Oil C with and that the information given above is	Oil  Conservation Division have	4 Water c been complied best of my	OIL C	ONSERVA	TION DI	4 Test Method
** Choke Size  ** Choke Size  ** I hereby certify that the rules of the Oil C with and that the information given above is knowledge and belief.	Oil  Conservation Division have	Water  e been complied best of my	OIL C	**	TION DI	4 Test Method
** Choke Size  ** Choke Size  ** I hereby certify that the rules of the Oil of with and that the information given above is knowledge and belief.  Signature:  Printed name:  Period V N Hughe	Oil  Conservation Division have	e been complied best of my	OIL C Approved by: SUI Title:	ONSERVA	TION DI	4 Test Method
** Choke Size  ** Choke Size  ** I hereby certify that the rules of the Oil of with and that the information given above is knowledge and belief.  Signature:  Printed name:  PERKY by Hughe  Title: PRESIDENT	Conservation Division have a true and complete to the	e been complied best of my	OIL C Approved by: SUI	ONSERVA	TION DI	4 Test Method
"Choke Size  "Choke Size  "I hereby certify that the rules of the Oil Owith and that the information given above is knowledge and belief.  Signature:  Printed pame:  Texas y  Hughe	Oil  Conservation Division have a true and complete to the	e been complied best of my	OIL C Approved by: SUI	ONSERVA'	TION DI	4 Test Method
** Choke Size  ** Choke Size  ** I hereby certify that the rules of the Oil of with and that the information given above is knowledge and belief.  Signature:  Printed name:  PERKY by Hughe  Title: PRESIDENT	Conservation Division have a true and complete to the Phone: 505	e been complied best of my	OIL C Approved by: SUI Title: Approval Date:	ONSERVA PERVISOR, DI UG 1 4 199	TION DI	" Test Method VISION
"Thereby certify that the rules of the Oil owith and that the information given above is knowledge and belief.  Signature:  Printed name:  PERKY N. Hughe  Title: PRESICENT  Date: 8/4/95  "If this is a change of operator fill in the COSLA MANAGEME."	Phone: 505 8  Peo OGRID number and	e been complied best of my	OIL C Approved by: SUI Title: Approval Date:	ONSERVA	TION DI	" Test Method VISION
** Choke Size  ** Choke Size  ** I hereby certify that the rules of the Oil of with and that the information given above is knowledge and belief.  Signature:  Printed name:  PERKY M. Hughe  Title: PRESIDENT  Date: 8/4/95	Phone: 505 & Phone	e been complied best of my	OIL C Approved by: SUI Title: Approval Date:	ONSERVA PERVISOR, DI UG 1 4 199	TION DI	4 Test Method

## 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 3.

Add gas transporter
Change gas transporter
Request for test allowable (Include volume AG CG RT 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
- The property code for this completion 7.
- A. 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
- 11. The bottom hole location of this completion
- Lease code from the following table: 12.
  - S

  - Federal State Fee Jicarilla

  - Navajo Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table:
  - Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 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: 21.
  - Oil 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.) 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
- 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
- 31. Outside diameter of the casing and tubing
- 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
- 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:

  - P Pumping
    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