Lustrict I 1625 N. French Dr., Hobbs. NM 88240 District 11

811 South First, Artesia, NM 88210

District III

State of New Mexico grgy, Minerals & Natural Resources

OIL CONSERVATION DIVISION 2040 South Pacheco

- 61	
C15 ~	Form C-104
	Revised March 25, 1999
Submitte	ppropriate District Office 5 Copies
	MENDED REPORT

000 Rio Brazo <u>District IV</u>	os Rd., Aztec,	NM 8741	10	Sa	anta Fe. 1	NM 87	505			<b>Y</b>		NDED 1		
2040 South Pa	acheco, Santa	Fe, NM 8	7505								JAME	NDED I	REPORT	
I.	R	EQUES				D AU	THORI	ZATI	ON TO TRA					
W. A. & E. R. Hudson Inc.						25111				OGRII	OGRID Number			
616 Texas Street						<del></del>				Reason fo	or Filing C	Code		
Fort Worth, TX 76102						'Pool Nam	NW NW							
30-015 31304 Maljamar Grayburg/San Ar						100100				our code				
7pr 00 <del>5313</del>						operty Name				Well Number				
I10	Surface I	Location	1							•				
UL or lot no.	Section 1	Township	Range	Lot Idn	Feet from	n the North/South Line Feet from th		Feet from the	East Wes	t Line	Cour	nty		
0	13	17S	31E		1310'		S		2630	X	E	Eddy		
11	Bottom	Hole Lo	cation							$\triangle$				
UL or lot no.	Section	Township	Range	Lot Idn	Feet fron	n the	North/Sc	uth line	Feet from the	East/West Line County			nty	
Lse Code	13 Produci	ng Method C	Code "Gas G	Connection Da	ate "C	-129 Perm	it Number		C-129 Effective Da	ate	17 C-1	29 Expiration	on Date	
F	P		12/01	/2000										
III. Oil an	nd Gas T	ransnor						•						
Transpor	ter	po1	" Transporter N			'PO	D	- O/G	2		STR Loca	ation		
	'		and Address	•		00110				and Do	escription			
034019			roleum Co	mpany	11	02110		_0	L Sec 24	17S 31	IE _	00.27		
		rtlesville					626262				52027	2620		
009171	Duke Energy P. O. Box 50020			11	02130 G				24 17S 31E					
Midland, TX									/N 523 630					
										202	r			
										1920;	001	RECEIV D - ART	TECHA I	
										<del>\2</del>	<u> </u>	<u>ו אא - כ</u>	ESIA	
					<b>L</b>					1/2	9,		و ج	
	4										/ EXP	7. EL CL	4010	
V. Produ	iced Wat	er	_			LDOD III	CTD I							
•		Dre	oduced wat	er ic retu	rned to f		STR Locat		ood project					
. Wall C				ci is ictu	inica to i	Officati	OII III W	ater in	ood project					
V. Well C			Ready Date		27 TD	Т.	РВТ	D	Perforation	ons		DHC, MO		
10/04/200		11/2	3/200	10/	102000	4007'			3446' - 372	3446' - 3728'				
	'Hole Size			asing & Tubin	ng Size	" Depth Set				Sacks Cement				
2 1/4"		<del></del>	8 5/8" J-55	24#		628'				30sx circ 118 sx to surface				
5 1/2" 5 - 1/2" J-55 17#				4045'				725 sx circ 25 sx to surface						
										-				
/I. Well 7			aliyan, Data	" T	ea Date		There >		<u> </u>		T			
Date Ne			elivery Date			241	Test Leni	gth	The Pres	sure	204	Csg. Pres	ssure	
ichoke	choke size Oil Water Date			24 hr Gas			N/A	307	30#					
N/A	- sheet sheet s	57	managed to the state of the sta	3		<del></del>	124		Pumpi					
and that the info			onservation Divisi and complete to t			1	O.		NSERVATIO					
and belief. Signature:	1 20	201	an	II		Approved	l by:	ORI	GINAL SIG	AED I	IIT YE	и W. ¢	IUM	
Processor 1					DISTRICT II SUPERVISOR									
Proted pame.  Randall Hudson III					American Discourse and the second of the sec					•				
Geologist					Approval Date: MAR 1 3 2001				1					
Date: 12/20		or fill In the	OGRID number		the previous	operator								
	Previous O	perator Sign	ature		·····	Print	ed Name			Titl	e		Date	

## New Mexico Oil Conservation Division C-104 Instructions

Please Note: Use form C-104A for "Change of Operator" and form C-104B for "Change of Operator Name".

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "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 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.

mproj	city fined out of incomplete forms may be retained to operators unapp	provou.					
1.	Operator's name and address	23.	The POD number of the storage from which water is moved				
2.	Operator's OGRID number. If you do not have one, it will be assigned and filled in by the District office.	23.	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.				
3. Reason for filing NW New W RC Recom AO Add oi CO Chang AG Add ge CG Chang RT Reques	Reason for filing code from the following table:  NW New Well  RC Recompletion  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.	24.	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.).				
	AG Add gas transporter CG Change gas transporter	25.	MO/DA/YR drilling commenced.				
	requested)	26.	MO/DA/YR this completion was ready to produce.				
4		27.	Total vertical depth of the well.				
4. -	The API number of this well.	28.	Plugback vertical depth.				
5. 6.	The name of the pool for this completion.  The pool code for this pool.	29.	Top and bottom perforation in this completion or casing shound TD if openhole.				
7.	The property code for this completion.	30.	Write in 'DHC' if this completion is downhole commingled with another completion or 'MC' if there is more than one non-commingled completion in this well bore. Attach actual completed well bore diagram				
8.	The property name (well name) for this completion.						
9.	The well number for this completion.	31.	Outside diameter of the casing and tubing.				
10.	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.	32.	Depth of casing and tubing. If a casing liner, show top and boftom.				
		33.	Number of sacks of cement used per casing string.				
11. The bottom hole location of this comple  12. Lease code from the following table: F Federal S State P Fee J Jicarilla N Navajo U Ute Mountain Ute	Lease code from the following table:	The fo conduc	llowing test data is for an oil well. It must be from a test ted only after the total volume of load oil is recovered.				
	F Federal S State	34.	MM/DD/YY that new oil was first produced.				
	P Fee J Jicarilla	35.	MM/DD/YY that gas was first produced into a pipeline.				
		36.	MM/DD/YY that the following test was completed.				
	I Other Indian Tribe	37.	Length in hours of the test.				
13.	The producing method code from the following table: F Flowing P Pumping or other artificial lift	38.	Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells				
14.	MM/DD/YY that this completion was first connected to a gas transporter.	39.	Flowing casing pressure - oil wells Shut-in casing pressure - gas wells				
15.	The permit number from the District approved C-129 for this	40.	Diameter of the choke used in the test.				
16.	completion.	41.	Barrels of oil produced during the test.				
10. 17.	MM/DD/YY of the C-129 approval for this completion.	42.	Barrels of water produced during the test.				
17.	MM/DD/YY of the expiration of C-129 approval for this completion.	43.	MCF of gas produced during the test.				
18.	The gas or oil transporter's OGRID number.	44.	Gas well calculated absolute open flow in MCF/D.				
19.	Name and address of the transporter of the product.	45.	The method used to test the well: F Flowing				
20.	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.		P Pumping S Swabbing If other method please write it in.				
21.	Product code from the following table: O Oil G Gas	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.				
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.)						