District 1

PO Box 1980, Hobbs, NM 88241-1980

District 11 PO Drawer DD, Artesia, NM 88211-0719

State of New Mexico
Energy, Minerals & Natural Resources Departmen

Form C-104(1/4)
Revised February 21, 1994
Instructions on back
Appropriate District Office S

OIL CONSERVATION DIVISION
PO Roy 2088

ubmit	to .	Арргоргіа	ite	District	Office	
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	RI				LE AND	AUTHO	RIZATI	ON TO TR	OGRID Numb	er	
Operator name and Address							009572				
H & S Oil LLC							* Reason for Filing Code * * * * * * * * * * * * * * * * * * *				
P.O. Box 186							CH . 1/1/97				
	Arte	sia, NM	88211-	-0186				CII .			
<sup>4</sup> API Number <sup>4</sup> Pool Name						ol Name			•	Pool Code	
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Fee	L										
III. Oil a					<del></del>	<sup>20</sup> POD	21 O/G	T	POD ULSTR L	ocation	
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IV. Prod	uced W	ater			,						
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VI. Wel	l Test D	ata			·					# C . S	
	New Oil	→ Gas E	elivery Date	n T	est Date	* To	est Length	" Tbg.	Pressure	" Csg. Pressure	
								<u> </u>			
4 Ch	oke Size		a Oil	. 49	Water		4 Gas	44 /	OF	* Test Method	
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			<del></del>	District to							
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knowledge ar		1 1	0/10		•	<b>.</b>					
Signature:		Let	TI	Recia	_	Approved by	SUPE	ERVISOR, DIS	TRICT II		
Printed name	- <del>       </del>	oort D	Spongo	<del>/</del>	Title:						
Approval Date:											
Title: Managing Member FEB 1 7 1996											
Date: 2/	14/97		Phone:	505-746-		1					
" If this la	a charge of	operator fill in	me och	number and na	me of the pre	vious operator					
	Her	l. X	·KO	lucce		Herbert	R. Sper	ncer ·	Co-owner	2/14/97 Date	
,	Previou	s Operator Sig	nature	. –	_	Printed N			Title	hare	
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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 (Include the effective date.)

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
- 5 The name of the pool for this completion
- 6. The pool code 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.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table:
  F Federal
  S State
  P Fee 12.

Jicarilla

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Navajo Ute Mountain Ute Other Indian Tribe

13. The producing method code from the following table:

F Flowing
P Pumping or other artificial lift

- 14. MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this completion 15.
- 18 MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 18. The gas or oil transporter's QGRID 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.

- 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 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
- 28. Plugback vertical depth
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 29. in this well bore.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 30.

- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and
- Number of eacks of cement used per casing string 34

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.

- 35. MO/DA/YR that new oil was first produced
- 36 MO/DA/YR that gas was first produced into a pipeline
- **37**. MO/DA/YR that the following test was completed
- 38 Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 46. The method used to test the well: Flowing Pumping Swabbing

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 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 48. signed by that person