District I PO Bex 1980, Hobbs, NM 88341-1980

State of New Mexico
Reergy, Minorals & Natural Resources Dep

District II

III South First, Artesia, NM 82210

OIL CONSERVATION DIVISION

Revised October 18, 1994

Instructions on back
Submit to Appropriate District Office

2040 South Pacheco 1000 Rio Brasos Rd., Astec, NM 87410 Santa Fe, NM 87505												5 Copies			
District IV AMENDED REPOR 2040 South Pacheco, Santa Fe, NM \$7505															
2040 South Paci I.				R AI	LOWAB	LE AN	ID AU	THOR	17.ATI	ON TO TE	ANSP	ТЯО			
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address OGRID Number															
UNITED OIL & MINERALS, INC.										182560					
1001 WESTBANK DRIVE										Reason for Fling Code					
AUSTIN, TX 78746										CH 6/1/99					
ا با								Pool Name				* Pool Code			
30 - 0 15	101	BENSON QUEEN GRAYBURG, NORT						ORTH				05300			
	operty Co	_		⁸ Property Name								'W	ell Number		
920988			NORTH BENSON QUEE					UNIT			19				
II. 10 Surface Location Ul or lot no. Section Township							n the North/South Line				·				
F		188	1	_	LOCION	3.		Norta/So	uth Lane	Feet from the	East/We	st line 	EDDY County		
11 Bottom Hole L				30E			2310		4	1980	1 W	W			
UL or lot no.		Townshi		Range Lot Idn Feet from				N	4. 1		I				
۲	28	185	30		TOX TOTAL) J I	<u>, , , , , , , , , , , , , , , , , , , </u>	North/Se	our mee	Feet from the	East/We	st line	County EDDY		
13 Lee Code		cing Method			Connection Date	<u> </u>	.129 Perm	ut Number	1	C-129 Effective	W				
F		NJ					- 220 1 (1)	ii Number		6/1/99	Page	C-1	29 Expiration Date		
III. Oil a															
" Transpor			" Transp	" Transporter Name				D	21 O/G	22 POD ULSTR Location					
OGRID			and Address							and Description					
- GULFM			ARK ENERGY, INC. 186				11110 -0								
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APM-O			AS CORPORATION 200				4344			4					
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IV. Produ	reed V	Joseph													
	POD	rater					4 BOD IT	CTD I and							
							rob of	STR Locat	or and D	escription					
V. Well (Compl	etion Dat	<u>а</u>		···-										
¹¹ Spud			Ready D	aie		" TD		≥ PB7	TD	* Perform	lane		buo no se		
												M DHC, DC,MC			
³¹ Hole Size			22 Casing & Tubing Size				²³ Depth Set				***************************************	M Sacks	Cement		
									Dutid +0 2						
											FORM IN-5				
											8-20.99				
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VI. Well	Test I	ata					i					<u></u>			
B Date No			Delivery D	ate	37 Test	Date	" Test Length " The				Pressure "Car. Pressure				
				ľ					· 5 · ca	108.17	ements.		Cag. Pressure		
⁴¹ Choke Size			41 Oil 41 Wi			ster		44 Ges		* AO	F	* Test Method			
				!							•		I GRI MELBOO		
" I hereby certif	y that the	rules of the Oi	Conscipus	ion Div	ision have been	complied									
Knowledge and	jj. /		y u uy aix	COURTE	ere to the best o	my		OI	L COI	SERVATION DIVISION					
Signature:								Approved by: ORIGINAL SIGNED BY TIM W. GUM							
Printed name: Michael T. Peays								Title: DISTRICT II SUPERVISOR 34							
Title:			cays				Approval Date:								
Date:	ldent 3/99	e: , _			8./2.99										
"If this is a ch				_ (5	12) 328- ber and name o	8184	<u></u>								
Kemi	MK	Jano			or Resou				Ruee	ell Douglas	e D-	. تا تا	n4 E/40/00		
	Previous	Operator Sig	nature	•		, •		d Name		on Douglas	Title		ent 5/12/99		
		V										•	Date		

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, C'... THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THE JOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barr

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 recommisted walls

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 Change gas transporter
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
- 12. Lease code from the following table: Federal

State Fee Jicarilla SPJ

NU

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table: 13.

Flowing Pumping or other artificial lift

- MO/DA/YR that this completion was first connected to a 14.
- 15. The permit number from the District approved C-129 for this completion
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this completion 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.
 - 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.) 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 monumber the district office will essign a 23. number and write it here.
- 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 24. (Example: 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
- 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. 30.

- 31.
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and
- Number of sacks of cement used per casing string

If 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:

F Flowing
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 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 48.