District I PO Bex 1980, Hobbs, NM 88241-1980

State of New Mexico
Reargy, Minerals & Natural Resources Des

Form C-104() Revised October 18, 1994
Instructions on back

District []

311 South First, Artesia, NM 88210

		TIBU (want o	II DECI
Submit	to	Appropriate	District	Office
			. 5	Conie

BI1 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Astec, NM 87410			OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505				Submit to Appropriate District Office 5 Copie						
District IV 2040 South Paci	beco. Santa	Fe. NM 8750) 5								AM	ENDED REPORT	
I.			T FOR A			ND AU	THOR	TASE	ION TO T	RANS	PORT	<u> </u>	
			Operator na	5	. = .				² OGRID Number				
		K MINER	ALS, INC	. 0			18256			160			
AUSTI			V C							Reason for Filing Code CH 6/1/99			
	PI Number			⁵ Pool Name .					° Pool Code				
30 - 0	5-10	145	BENSON QUEEN GRAYBURG, NO					NORTH	H05300			05300	
l .	operty Code	1	⁴ Property Name						* Well Number				
920958 248// NORTH BENSON						NEEN UNIT				ء ا	126		
II. 10 S	Section	Location	Range	I I an I An	I routeur		ration and						
	28	185	30E	Lot.ldn	Feet from		ł	outh Line	Feet from the	East/V	Vest line	EDDY County	
· M					101	<i>o</i> O	5		660	<u> </u>) ·	<u> </u>	
UL or lot no.	Section	Hole Lo		Lot Idn	Feet fro	- 4	NIAL 00	Y	1				
m	28	18S	30E		61	00	North/South line Feet		Feet from the	Rest/V	Vest line	County EDDY	
12 Lae Code	13 Produc	ing Method (ode M Gas	Connection Dat	re 15 (C-129 Perm	t Number		C-129 Effective	e Date	" C-	129 Expiration Date	
F	-d C	<u>T</u>							6/1/99				
III. Oil as		Transpo		Name -		2 200		11 010					
OGRID			Transporter Name and Address			* POD 31		" O/G		22 POD ULSTR Location and Description			
		GULFM	ARK ENE	RGY, INC.	. 18	81110		0					
								N (4)		, , ,		1. 184 5. 144	
Constitution of the State of th		GPM GA	S CORR	ORATION		04755	ekupenin S			- / / y			
****	*****	GPINI GP	IS CURF	JRATION	28	21755	ne je kom	G		/#*		#	
enter is Silve										· 	PFO.	200	
market and the										$\circ C_{\ell}$	ARI	VED	
						ARTESIA					SIA		
										······································			
	(2500) // 2 200000 // 2								!				
IV. Produ	iced Wa	ater			100	10-10 A. S. S. S. S. S.							
20 1	OD					* POD UL	STR Loca	tion and I	Description	 -			
•													
V. Well (Complet	ion Data	ì			-	·	·····					
Spud Date		Ready Date "T			" PETD		TD	* Perío	rations	1	™ DHC, DC,MC		
	Hole Size		n (asing & Tubin	g Size		31	Depth Se	t		[≯] Sec	ks Cement	
										Das	1/10	ID-7	
										100	6-2	0.99	
										1	Sha	DD	
									·		7		
VI. Well		ıta											
Bate No	w Oil	34 Gas I	elivery Date	" Tes	t Date	T	" Test Le	ngth	" Tbg.	Pressure	Τ-	* Cag. Pressure	
Al en .											ı	-	
41 Choke	Size	•	, On	" W	ater		4 Ge	3	4/	OF .		" Test Method	
^{et} I hereby certif	v that the	les of the Cit					·				ł		
WITH THE THE CHE	intolinariol	Mines apone	is true and com	ivision have been plete to the best o	n compliced of my		OI	I CO	NSERVA?	TON T	Ти	ION:	
knowledge and belief. Signanure:								ORIG	inal sign	ED BY 1		ION . Gum	
Printed page:	Approved	by:	DIST	rict II 9 UI	PERVISO		361						
	1 T. P.	ays		Title:									
Tide: President							Approval Date: 8-12-99						
	07/08/			12) 328-					<u> </u>		7		
" If the is a ca	ange of on	rator fill jert		nber and name				Dues					

Russell Douglass President 5/12/99

Printed Name

Title

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

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
- The name of the pool for this completion
- 6. The pool code for this pool
- The property code for this completion
- The property name (well name) for this completion 8.
- 9. The well number for this completion
- 10. The surface location of this completion NOTE: 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.
- 11. The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla 12.

- 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.
- 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
- 17. MO/DA/YR of the expiration of C-129 approval for this
 - 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.

- 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 recommended 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
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29
- 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. Inside diameter of the well have
- 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 34.

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.

- 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
- 39. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- 40. Flowing casing pressure - oil wells Shurt-in casing pressure - gas wells
- 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
- 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 Swabbin

If other method ple ase 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.