District I PO Box 1980, I District II	Bobbe, NM	[ <b>82</b> 41-1 <b>90</b> 0	, em	State of New Mexico Energy, Minerals & Natural Resources Department					Form C-104				
811 South First, Artasia, NM 88210 District III 1000 Rio Brazos Rd., Aztoc, NM 87410			OIL CONSERVATION DIVISION 2040 South Pacheco					ION	Instructions on back $\gamma$ Submit to Appropriate District Office 5 Copies (				
District IV			Santa Fe, NM 87505						AMENDED REPORT				
2040 South Paci				LLOWAE	BLE AT		THOR	IZAT	ION TO T				
Operator name and Address										<sup>2</sup> OGRID Number			
UNITED OIL & MINERALS, INC.									182560				
AUSTIN, TX 78746									<sup>3</sup> Reason for Filing Code CH 6/1/99				
						Pool Nam							
30 - 0 ) 🤇	- 1D	844	BF	BENSON QUEEN GRAY							•	Pool Code	
' Property Code			<sup>4</sup> Property Name				dDe		1		· v	05300 Vell Number	
020958 24811 I. <sup>10</sup> Surface Location			NORTH BENSON QUEE				EN UNIT			43			
li or lot no.	Section	Location Township	Range	Lot.Idn	Feet from	n the	North/S	with Line	Feet from the	E Fard OV	ant line		
E 32		18S	30E	1 20	from the North/South Line			EDDY					
<sup>11</sup> Botton		Hole Lo	cation	1 <u>1</u>				660 W					
UL or lot no.	Section	Township	Range	Lot Idn	Feet fro	m the	North/S	outh line	Foet from the	East/W	est line	County	
E	<u> </u>	18S	30E		148	D_		M	660	h	)	EDDY	
"Lee Code 175	" Produ	ing Method (	Code Ges	Connection Dat	*   <sup>u</sup> C	-129 Perm	it Number	H	C-129 Effective	Date	" C	129 Expiration Date	
	nd Gar	Transpo			<u> </u>				6/1/99				
Transport			" Transporter !	Vame		" PO	D	<sup>31</sup> O/G			579 1		
OGRID	OGRID		and Address								POD ULSTR Location and Description		
		GULFM/	ARK ENE	RGY, INC.	18	81110		0					
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GPN		GPM GA	GAS CORPORATION			2821755 G			1				
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	OD					POD UL	STR Locat	ion and D	ecription				
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		tion Data			tı								
<sup>33</sup> Spud	Date		Ready Date		" TD		* PETD		" Perform	tions		DHC, DC,MC	
3	' Hole Size		<b>– – –</b>	asing & Tubing	Sine	<u> </u>							
				<sup>33</sup> Depth Se				7	* Sec	Ls Cement			
			1							Ken	Ud	ID-7	
			+							8-20-99			
			1						<u> </u>	<u> </u>	ly -	<u>P</u>	
Well 7	rest Da	ata				_L							
<sup>38</sup> Date Ne	w Oil	<sup>36</sup> Ges D	elivery Date	<sup>jı</sup> Test	t Date		» Tert Le	agth	" Thg. Pi	Toivert	T	" Cag. Pressure	
" Choke Size		4 Ol		4 Water			" Ges		" AOF		+	* Test Method	
hereby certify	that the ru	les of the Oil	Conservation Di	i vision have been lete to the best o	complied						<u></u>		
owiedge and b	montheror			icte to the best o	if my		OI	L CON	SERVAT	ION D	IVIS	ION	
nature:	in	<u>LT</u>	MA			Approved by: DISTRICT II SUPERVISOR							
miled name Michael T. Peays							Title:						
nde: President							Approval Date: Q. 17 G.C						
	07/08/99 Phone: (512) 328-8184				8184	Approva Date: 8.12-99							
U Ulis is a ch	ange of Ap	erator fill ing	be OGRID nun	ber and name	of the prev								
incl	1/2	De -	Rap	tor Resou				Russ	ell Douglas	s P	resid	ent 5/12/99	
	ETEVIOUS (	Operator Sign	ture			Printer	Name			The		Date	

## 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 bar at 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

3.

- 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:
    - RC CH AO CO

    - AG CG RT

    - New Well Recompletion Change of Operator (Include the effective date.) Add oil/condensate transporter Change oil/condensate transporter Add gas transporter Change gas transporter Request for test allowable (Include volume requested) other reason write that reason in this how 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
- The pool code for this pool 6.
- 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: ide from the routow Federal State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe

SP

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- The producing method code from the following table: F Flowing P Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a gas transporter 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.
- 17. MO/DA/YR of the expiration of C-129 approval for this completion
  - The gas or oil transporter's OGRID number 18.
  - 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. Ga
  - 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 easign 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 bore
- Outside diameter of the casing and tubing 32.
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 34. 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... fter 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
- MO/DA/YR that the following test was completed 37.
- 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 Shut-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
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- The method used to test the well: 46. ina

  - 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.

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