									A15 14					
District I PO Box 1980, Hobbs, NM 88241-1980 <b>E</b> I						Of New Mi Netural R		dco				Form C-104 vised October 18, 1994		
District II 811 South 1st, Artesia						$( \langle \cdot \rangle )$		Instructions on beck ppropriate District Office 5 Copies						
District III OIL CONS						ERVATION DIVISION				¥		5 Capies		
1000 Rio Bravos Rd. Aztec, NM 87401 District IV 2040 South Pacheco, Santa Fe NM 87505				Santa Fe, NM 87505					AMENDED REPORT					
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT														
ASPEN OIL, INC. C/O OIL REPORTS & GAS SERVICES, INC							10701							
P. O. BOX 755										3. Reason for Filing Code				
HOBBS, NEW MEXICO 88241										AG				
4. API Number 30-015-23618 TF					5. Pool Name RAVIS UPPER PE				1		6. Pool Code			
7. Property	erty Code 8. Property					Name				59860 9. Well Number				
	22498 II. 10. Surface Locatio				COWTOWI				N LOYD			#001		
Ut or lot no. Section	Township	Range	UN Lot. kin.		rom the		/South Line	Feet fro		East/West Lir		County		
<u>      14</u> 11 B	18S ottom	28E Hole I	ocatio	L	830	SO	UTH	51	0	EAS	Г	EDDY		
Ut or lot no. Section	Township 18S	Range 28E	Lot. kin,	Feet fi	rom the 830		/South Line )UTH	Feet fro		East/West Lir EAS				
12. Les Code 13. Producing Mar	teed Code	200	14. One Competin		11.0.129 N	1		14. C-129 Illinois	-		17. C-129 Exploration	EDDY		
S     P     4/98       III.     Oil and Gas Transporters														
18 Transporter OGRID	19 Transporter Name and Address					20 POD		21 Q/G			ULSTR Location Description			
15694	15694 NAVAJO REFINING COMPANY P. O. BOX 159						0689810		0					
ARTESIA, NEW MEXICO 88211									1		- · · · · · · · · · · · · · · · · · · ·			
009171 GPM GAS CORPORATION 4001 PENBROOK									G					
	5 79762													
										Cheff Charles				
IV. Produce	ed Wat	er									/ني/	ý		
23 POD			,		24 POD UL	STR Locatio	n and Descrij	ption						
V. Well Co														
25 Spud D	26 Ready Date				27 TD		28 PI	BTD	29 Perforations	•	30 DHC, DCMC			
31 Hole Si		32 Casing & Tubing Size			e	33 Depth Set				24	Sacks Cement			
VI. Well Te	st Data	l a					I							
35 Date Ne	w Oil		36 Gas Deli	very Date		37 Test Dat	le l	38 Test L	ength	39 Tbg. Pressu	re	40 Csg. Pressure		
41 Choke Size			42 Ol			43 Water	43 Water 4			45 AOF		46 Test Method		
I hereby certify that the rules of Oil Conservation Division have been complied with and that the information given above is true and complete to the best my knowledge and belief							[/		OIL CON		SION			
knowledge and bellet. Signature: // Approx Ouge Alara									RIGINA	i sionen	84 <b>4</b> 98	S 184 CONTRA		
Printed Name:	- 1e- (				ORIGINAL SIGNED BY TIM W. GUM THE DISTRICT II SUPERVISOR									
							Approval Date:							
				Phone:	Phone:			<u> </u>		IAY 1 0 1998				
4/28/98 47 If this is a change o		93-272												
47 If this is a change of operator fill in the OGRID number and name of the previous operator														
	perator Signat	ule Internet				Printed Nam	ne		T	itie		Date		

## New Mexico Oli 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 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.

- Operator's name and address 1.
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.

3.

12.

- 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.
- The API number of this well 4.
- 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
  - Lease code from the following table: F Federal Federal State Fee Jicarilla

    - Navajo Ute Mountain Ute Other Indian Tribe
  - J N U

The producing mathod 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 14. gas transporte
- 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
  - 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 no sumber the district office will assign a number and write k 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
  - 26. MO/DA/YR this completion was ready to produce
  - Total vertical depth of the well 27.
  - 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
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and bottom.
- 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 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 walls 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
  - The method used to test the well:

46.

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 reprezentative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 48.