District I

PO Box 1980, Hobbs, NM 88241-1980

District 11

Form C-104 White Revised February 21, 1994 White Instructions on Land

CONSERVATION DIVISION

State of New Mexico
Energy, Minerals & Natural Resources Department

	Instru	iciions oi	Dack	Λ.
Submit to	Appropriate	District	Office	v
Ouomin 10	Appropriate	5 (Copies	Λ,
			•	17

Date

Title

i Drawer DD, i strict III	Ancili, Nivi	00211-0717	U.	P	O Box 20	088	011			5 Copies	
00 Rio Brazos I strict IV	Rd., Azlec,	NM 87410		Santa F	e, NM 87	7504-2088			☐ AM	IENDED REPORT	
) Box 2048, Sa	nia Fe, NM	87504-2088 COTTECT	FOR AT	LLOWAR	LE AND	AUTHOR	IZATI	ON TO TR	ANSPOR'	Т	
REQUEST FOR ALLOWABLE AND AUTH Operator name and Address								- OCKID Milmost			
	H & S C		•					009572	Reason for Filis	e Code : Programme (gramme	
		, NM 88	3211-01	86 .				3. 11 (2) 16 (2) 17 (2)	1/1/97	্যু সংগ্ৰাহ ক্ষাপ্তৰাৰ সংগ্ৰাহ প্ৰতিৰূপী	
· 4 A	PI Number	' T		·	Poo	l Name	1	<u></u>	i	* Pool Code	
30 - 0 15-24072 Atoka Glorietta Yeso								3250			
	operty Code		Property Name Williams					' Well Number 8			
	4855	Location	MITIT	· ·	·						
Ul or lot no.	Section	Township	Range	Lot.ldn	Feet from th	l l	outh Line		East/West line	1	
F	25	18S	26E		1980	Nor	th	2310	West	Eddy	
		Hole Loc		Lot Idn	Feet from the	he North/	South line	Feet from the	East/West lin	e County	
UL or lot no.	Section	Township	Range	Locada	1000						
12 Lac Code	13 Produc	ing Method Co	de H Gas	Connection Da	le 15 C-12	9 Permit Numbe		C-129 Effective	Date 17	C-129 Expiration Date	
State	P								1		
II. Oil a		Transpor	ters Transporter	Name		* POD	11 O/G	<u> </u>	POD ULSTR		
OGRID			and A ldre						and Descri	ption	
015694	N 5	avajo Re	fining	esia, NM		43910	0				
009171	_	PM	11- 01	74004	10	43930	G	PEORVED			
	В	artlesvi	ile, Or	(/4004				<u></u>			
					*****			8	FEB -	4 1997	
									।। 		

		•							ا ل ۱۱ کیا 	United Ca	
IV. Prod		ater		·	и	POD ULSTR Lo	ation and	Description			
104395	POD	Wat	ter Dis	posal Sys		00 000111 00		•••			
		etion Data									
	ud Date		Ready Date		סד יי	* 1	PBTD	2º Perfor	rations	" DHC, DC,MC	
	31 Hole Si			Casing & Tub	ine Size		13 Depth	Set		Sacks Cement	
	110fc St	<i>te</i>							Post	TO-3	
									2-14	-97	
									Me of	r same.	
								·	. 0 /		
	ll Test I		Delivery Date	e n	Test Date	³¹ Test	Length	" Tbg.	Pressure	" Csg. Pressure	
Date	CINCW UM									A	
4 Ch	oke Size		⁴ Oil		Water	44	Gas	*	AOF	* Test Method	
			" C	- Division have l	been complied						
with and that	t the informa	tion given abov	e is true and t	n Division have be complete to the be	est of my		OIL C	ONSERVA'	TION DIV	VISION	
knowledge a Signature:	ma pener./	Ser &		Specie	lee_	Approved by:	SUPL	ERVISOR, DIS	TRICT II		
Printed name: Herbert R. Spencer						Title:					
Title:		aging Me				Approval Date:		FEB - 5	1997		
	an. 23,			505-746-							
" If this is	a change of	operator fill !	n the OGRII	number and n	ame of the pre	vious operator Herbert	R. S	pencer	Co_Owne	er 1/23/97	

Printed Name

Previous Operator Signature

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 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 z operators unapproved.

- 1. Operator's name and address
- 2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- Reason for filing code from the following table:

 NW New Well

 RC Recompletion

 CH Change of Operator (include the effect AO Add oil/condensate transporter)

 CO Change oil/condensate transporter

 AG Add gas transporter

 CG Change gas transporter

 RT Request for test allowable (include the effect Add gas) 3.

New Weil
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 is allowable.

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.
- The bottom hole location of this completion
- 12. Lease code from the following table: Federal

SP State

JUN

Jicarilla Jicarilla Navajo Ute Mountain Ute Other Indian Tribe

13. The producing method code from the following table:

Pumping or other artificial lift

- MO/DA/YR that this completion was first connected to a gas transporter
- 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 QGRID number
- Name and address of the transporter of the product 19.
- 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 number 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
- 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.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 30.

- 31. Inside diameter of the well hore
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 34. Number of sacks of coment used per casing string

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
- 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
- Barrels of water produced during the test
- MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- The method used to test the well:

 F Flowing
 P Pumping
 S Swabbing
 If other method please write it in. 46.
- 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.