District I PO 30x 1980, Hobbs, NM 88241-1980

State of New Mexico Energy, Minerals & Natural Resources Department

Revised February 10, 1094 Instructions on back

District II PO Drawer DD, Artesia, NM 88211-0719

PORT

District III 1000 Rio Braz	ec, NM 87410		OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088					Submit to Appropriate District					
District IV PO Box 2088, I.	Santa Fe, N	M 87504-208	s ST F∩E						~- •		AM	MENDED R	
	ey B. W		Operato	r name and	Address	LE AND A	UIHU	DRIZA	TION TO				
		Vebb Oil Com	กลทบ							OGRID Number			
P.O.	.24	878 - 4 1004					Reason for Filing Code						
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'API Number 30 - 015 - 24 - 55 7				<sup>5</sup> Pool Nam							' Pool Code		
Property Code			<i>F</i>	IRTESIA	Queer	GRAY BURG SA					03236		
-006233-14070				Property Name WELCH STATE								Well Number	
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										remorations			
<sup>34</sup> Hole Size			11 Casing & Tubing Size			<sup>31</sup> Depth Set					<sup>10</sup> Sacka C	Sacks Cement	
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Well Te	st Data												
Date New (	Dil I	M Gas Delivery Date M Test Date				" Test Length			¥ 73 . D		<del></del>		
									M Tog. Pressure		" Cag. Pressure		
" Choke Size	** Choke Size ** Oi		4 Water			<sup>43</sup> Gas			" AOF				
						l	-	- 1	- AUF		<b>"</b> T	est Method	
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ledge and belief	ATTENDED BIAC	an above is tru ∫	e and compl	cie to the best	of my		OIL	CONS	ERVATIO	)N DI	VISION	J	
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d name:	iney B.	TILL											
	Owner			<del></del>		Title:							
	Approval Date: APR 0 5 1994												
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his is a change	of operator	fill in the OC	RID numb	r and name	of the pre	vious operator							
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## 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 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.
- Reason for filing code from the following table:

  NW New Well

  RC Recompletion

  CH Change of Operator

  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. 3.

- 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
- Lease code from the following table:
  F Federal
  S State
  P Fee
  J Jicarilla 12.

N

Navajo Ute Mountain Ute Other Indian Tribe

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 14.
- 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 OGRID 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
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhola
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32
- 33. Number of sacks of cement 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.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed 36.
- 37. Length in hours of the test
- 38. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- 39. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 40 Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- 45. 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
- 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 47