District I

PO Box 1980, Hobbs, NM 88241-1980

District II

PO Drawer DD, Artesla, NM 88211-0719

District III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

State of New Mexico Energy, Minerals & Natural Resources Department

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Form C-104	
Revised February 21, 1994 Y	-/
Instructions on back	ď
Instructions on back Submit to Appropriate District Office	J
5 Copies	č
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AMENDED REPORT	

District IV PO Box 2088, S	anta Fe. NM	97504L2088	i		•					ш	AME	NDED REPORT		
[,	R	EQUEST	FOR A	LLOWAB	LE AI	ND AU	JTHORI	ZATI	ON TO TI	RANSP	ORT			
		1	perator nat	me and Address						¹ OGRID	Numbe	г		
H & S Oil LLC							009572							
	P.O. Box 186 Artesia, NM 88211-0186							31				Code		
	Artesia	a, NM 88	3211-01	86					CH .	1/1/97		· · · · · · · · · · · · · · · · · · ·		
*API Number							Pool Name				Fool Code			
· <u></u>														
' Property Code ' P 4844 Inex						Property Na	operty Name				' Well Number			
		[; ine	X	· · ·						J			
II. 10 i	Surrace	Location Township	Range	Lot.ldn	Feet fro	m the	North/Sou	th Line	Feet from the	East/Wes	t line	County		
A				660			North		Eas	st	Eddy			
[Hole Loca	<u>.l</u>					1		1	<u> </u>			
UL or lot no. Section		Township	Range				n the North/South line		Feet from the	East/West line		County		
12 Lee Code		ng Method Cod	ode 14 Gas Connection Date		e ¹⁵	15 C-129 Permit Number		16	C-129 Effective	Date 17 C-129 E		29 Expiration Date		
State	P						· .	<u></u>						
III. Oil and Gas Transporters														
Transporter OGRID			17 Transporter Name and A ldress				OD	²¹ O/G	²² POD ULSTR Location and Description					
015694		Navajo I				1044	210	0		<u> </u>	• •			
013034		_		rtesia, 1	√M ‱	1044	210							
		•										····		
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		Bartles	esville, OK 74004											
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1	POD		· - •		¹⁴ POD U	POD ULSTR Location and Description								
104425			ater Di	sposal S	ystem							W		
	d Date	tion Data	eady Date		" TD		n PB7	TD .	2º Perfor	ations	×	DIIC, DC,MC		
эрс	id Date	•	cady Date				1010							
31 Hole Size			31 Casing & Tubing Size				33 Depth Set			[™] Sacks Cement				
	11010 0100									P	J 1	TD-3		
											1-14-97			
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											The of marine			
VI Well	1 Test D	oto.							1					
VI. Well Test Data " Date New Oil							31 Test Les	ngth	39 Thg. Pressure 40 Csg. Pres			4 Csg. Pressure		
Date New On						100 250 800								
41 Choke Size		40	4 Oil 4 Water			44 Gas		45 AOF		4 Test Method				
			i i	ļ										
47 I hereby ce	rtify that the r	ules of the Oil C	Conservation	Division have be	en complic	zd T		7 00	NOCDIA	CION D	TUTO	IONI		
with and that knowledge an		n given above is	true and cor	mplete to the best	of my		Ol	L CO	NSERVAT	ION D	1 V 15	ION		
Signature: / reclair / Receiver						Appro	Approved by: SUPERVISOR DISTRICT II							
Printed name: Herbert R. Spencer							Title:							
Tide: Manging Member						Appro	Approval Date: FEB - 5 1997							
	Jan. 23		Phone: 505-746-6658											
				number and nam		revious on	erator							
1	78 L	J/W		cc-e-			erbert	R. Sp	encer	Co-Ow	ner	1/23/97		
	Previous	Operator Signs					nted Name			Ti	lie	Date		

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.
- 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. 3.

If for any other reason write that reason in this box.

- 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.
- 11. The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State
 P Fee 12.

- Jicarilla
- Ň
- Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: Flowing 13.

- Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a gas transporter
- 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.

- 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
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well
- 28. Plugback vertical depth

30.

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

- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 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.

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- 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 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
- 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
- 46. The method used to test the well:

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