## District I PO Box 1960, Hobbs, NM 88341-1960

District II

311 South First, Artesia, NM 38216

District III

Form C-104/W

State of New Mexico Reergy, Moerals & Natural Resources Department	Form C-104()
	Revised October 18, 1994  Instructions on back  Submit to Appropriate District Office
OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505	Submit to Appropriate District Office 5 Copies
Sana 1 C, 14141 67505	$\square$ amended report $\emptyset$
ALLOWABLE AND AUTHORIZATION	TO TRANSPORT

1000 Rio Brazo District IV	ı Rd., Aztec,	, NM 87410		Sant	a Fe,	, NM 87	505				AMI	ENDED REPORT		
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UNITED OIL & MINERALS, INC.									18256	0	)			
1001 WESTBANK DRIVE AUSTIN, TX 78746							• 1				Resson for Filing Code H 6/1/99			
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31 Hole Size			<sup>33</sup> Casing & Tubing Size				33 Depth Se				<sup>™</sup> Seci	ks Cement		
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Printed name: Michael M. D.							Approved by: DISTRICT II SUPERVISOR 36%							
Michael T. Deays														
Date:	Approva	Approval Date: 8-12-99												
	07/08/ hange of oge		Phone: (5	12) 328–8	3184									
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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.

- 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.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator (include the affective data.)

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
- 5. The name of the pool for this completion
- The pool code for this pool
- 7. The property sode 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:

Federal State

Fee Jicarilla

Ň

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table: F Flowing P Pumping or other artificial lift 13.

- MG/DA/YR that this completion was first connected to a 14. 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
  - 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 monumber 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 twee non-commingled completions in this well bors. 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
- 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
- MCF of gas produced during the test 44.
- 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