District I PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994

District II PO Drawer DD, Artesia, NM \$8211-0719

Instructions on back Submit to Appropriate District Office

OIL CONSERVATION DIVISION

District III 1000 Rio Brazos	n Rd., Azte	e, NM 87410	•		PO Bo	ox 2088 M 8750	}				rrp•	5 Cop
District IV PO Box 2088, So T												ENDED REPO
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	API Number	,				⁴ Pool Nam			1			Pool Code
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' Property Code 009814				nn B Fede	Property Na	.me					Vell Number 8	
		Location					- 1e					
Ut or lot no.	Section 10	Township T18S	Range R28E	Lot.lda	•	330'	North/Se Nor	outh Line rth	Feet from the 25831	East/Wo	11	County Eddy
	·	Hole Loc										
UL or lot no.	Section 10	Township T18S	Range R28E	Lot Ida	Feet fro	96'	1	South line	Feet from the			County
12 Lee Code		T18S		Connection Da		96 ' C-129 Perm	Nor		1575 ' " C-129 Effective	Eas		Eddy 129 Expiration Date
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III. Oil an		Transport	rters 'Transporter i	Nr. ma. d		²⁶ PO		11 O/G	Ţ			
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Spu 6/23/95	nd Date	8/	" Ready D /19/95		 115(MI	στο 3 D);3021		,	» рвто 2776 '		r	Perforations
	^ы Hole Size	<u> </u>	11	Casing & Tubis		7,55=		Depth Set			²⁵ Sack	us Cement
12-1/4	4"			5/8"				21		350 sx		
										CaCl ₂		
7-7/8'	11		5-1	1/2"			285	0'			C1 (C + 500 sx
117_11	- . D									Lite		
VI. Well 'Date No			Delivery Date		est Date		" Test Le	·	∃ × Thα	Pressure	T	
8/19/9		8/21	-	8/21			24 hrs		20	Pressure		Csg. Pressure
" Choke	ie Size		" Oil		Water		40 Gas			\OF	+	"Test Method Tester
" I hereby certif	ify that the ru	rules of the Oil C	Conservation [Division have been plete to the best	en complied	1						
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Date: 8/2	24/95	Juracos		5-685-17	61	1,			SEP 5	1995		
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	Previous (Operator Signa	ature			Print	ed Name			T _i	,	D.4.
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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.
- 3.
- 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) requested)

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
- The well number for this completion 9.
- 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

 - 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.
- 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.
- 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 sesign 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
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and
- 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.

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

 - Flowing Pumping 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 46.
- 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.