District, I PO Bo i 1980, Hobbs, NM 88241-1980 District II

State of New Mexico
v, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994 / 5 F

Instructions on back

NO Drawer DD, Artesia, NM 88211-0719 District III

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

Submit to Appropriate District Office | 5 Copies

1000 Rio Brazos Rd., Aztec, NM 87410

District IV				Santa	1 TC, T	41VL 0750	+-2000)			AM	ENDED REPORT	
PO Box 2088, S I.			FOR A	TIOW	ARIF	م م م	וחשתו	D ፣ ፖ ለ ጥ	ION TO TI	 2 A NIC1	_		
1.				ne and Add		AND A	INU	RIZAI.	ION TO TI				
Harvey E. Yates Company									OGRID Number				
P.O. Box 1933							' Reason for Filing Code					 	
Roswell, N.M. 88202									NW				
4 4	PI Number					⁴ Pool Nam				- T			
20 0-								x / _	1 1-	' Pool Code			
	29410 operty Code						Spring North			56405 'Well Number			
0129			Parker 5 Feder				• •			#5			
		Location								- 1/	-)	· 	
II. 10 Surface Location Ut or lot no. Section Township						rom the	om the North/South Line			cet from the East/West line Co		County	
N	5	18S	31E		13				1330	West		Eddy	
		<u> </u>			1.0	10	Bouch		1330	West	- Ludy		
UL or lot no.		Hole Loca				from the North/South line		T . C . d	F(GV				
OL or loc no. Section lowns.		Townsmb	Kange	Lot lan Feet		irom the	m the North/South		Feet from the East/West line		County		
12 Lae Code 13 Produ		ing Method Code 14 Gas		Connection I	Data I	16 U C 120 Pa			C-129 Effective Date		17.6	120 P-1-1-1	
F P		ing Mentod Code	4/2		Jale	" C-129 Permit Numbe		C-129 Ellech		e Date C-129 Exp		29 Expiration Date	
III Oil a	nd Gas	Transporte	<u> </u>	· · · · · · · · · · · · · · · · · · ·									
III. Oil and Gas Transporters "Transporter "Transporter Name "POD "O/G "POD ULSTR Location													
OGRID			and Address				0,0	and Description					
020445 Scurlock			Permian Corp.			2792610)	0	M, Sec. 5, T18S, R31E				
3514 Lov			ington Highway						11, 500. 3, 1105, 1011				
Conoco			NM 88240										
153300 P.O. Box						2792630)	G	M, Sec. 5, T18S, R31E				
		ouston, T		77252									
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					3						្ដ	VEL	
								1 2 1397					
V. Produ		iter						Ten Pot 20 Con Institute				t, DIV	
ַנ	POD					2 POD UI	STR Loca	tion and D	escription		11.73	s ()	
V. Well (ion Data								····			
¹² Spu	id Date		²⁴ Ready Date						¹¹ РВТО		29	Perforations	
3/15/97		4/	4/19/97			3500'	500' 84		281		8012	2-8366'	
	™ Hole Size		31 Casing & Tubing Size				3.	² Depth Set				s Cement	
	17 1/2'	1	13 3/8	4	405'			425	Rest	IN-2			
12 1/4''			8 5/8	20	10'			1000 5-23-97					
7 7/8''			5 1/2		00'			1500 ann					
7. 770						1001	-	TOOO		mp			
// _11	Tost N-	to	2 3/8)		SN	@ 78	UZ T				<u>'</u>	
VI. Well Test Data "Date New Oil "Gas Delivery Date "Test Date							37 T 1 -		N.G. D				
		•				" Test Length			³⁴ Tbg. Pressure ³⁷ Csg. Pressur				
	4/22/97 4/2 ** Choke Size		2/97 5/2/97 Oil 4 Water			24 1/2 hr						45 CT . 3 C . 1	
Older Diat									4 AOF 4 Test Method				
78 21 "I hereby certify that the rules of the Oil Conservation Division have been complied							164						
		givan above is tr				ca	0	IL CO	NSERVATI	ON D	IVISI	ON	
knowledge and b	clief.	•											
Signature: Capico Leel							Approved by: ORIGINAL SIGNED BY TIM W. GUM						
Printed name: Vickie Teel							Tide: DISTRICT II SUPERVISOR						
Tide: Production Analyst						Approva	Date:	· ··	MAY 1	4 199	7		
Date: 5/9/97			Phone: 505/623-6601										
47 If this is a ch		rator fill in the (revious opera	or						
					F							.	
	Previous C	perator Signatu	re	.	Printe	d Name		•	Titl	le	Date		

New Mexico Oil Conservation Division C-104 Instructions

F 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 nev/ly 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.

separate C-104 must be filed for each pool in a multiple

Improperly filled out or incomplete forms may be returned to operators unapproved.

- Operator's name and address 1.
- 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

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Include requested) Request for test allowable (Include volume equested)

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

- 4. The API number of this well
- The name of the pool for this completion 5.
- 6. The pool code for this pool
- The property code for this completion
- The property name (well name) for this completion 8.
- 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.
- The bottom hole location of this completion
- Lease code from the following table: 12.

SP

Federal
State
Fee
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. 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.
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 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 24. (Example: Tank",etc.)
- 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 openhole
- 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. $% \label{eq:casing_problem} % \begin{subarray}{ll} \end{subarray} % \begin{su$ 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.

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

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 shout this report. 46. 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.