District I

PO Box 1980, Hobbs, NM 88241-1980

Form C-104 Revised February 21, 1994

District II PO Drawer DD District III 1000 Rio Brazo District IV PO Box 2008, 8	Rd., Azie	c, NM 87410		OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088					C 15 F Subn		Instructions on back priate District Office 5 Copie MENDED REPORT		
I.	Panes Pa, M	REQUES	T FOR A	LLOWAB	LE ANI) AUTI	HORIZ	ZAT	IT OT MOI	RANSPOR	≀т		
			Operator as	me and Address						OGRID No			
PENNZOIL EXPLORATION & PRODUCTION COMPANY									017195				
P O BOX 50090											³ Reason for Filing Code		
MIDLAN	ND TEX	AS 797	10-0090							NW			
* A	PI Number		· · · · · · · · · · · · · · · · · · ·	⁴ Pool Name				f Pool Code					
30 - 015-	29788		ATOK	ATOKA SAN ANDRES						03610			
' Pr	operty Cod	e		¹ Property Name					' Well Number				
008	8812		ATOK	ATOKA SAN ANDRES UNIT					162				
I. 10 S	Surface	Location									102		
Ul or lot no.	Section	Township			Feet from the	et from the North/South		Line	Feet from the	East/West En	e County		
D	14	18-S	26-E	26-E		NORTH		Н	375	WEST	EDDY		
11	Bottom	Hole Lo	cation		* ************************************		·	l			2321		
UL or lot ao.	Section	Township	Range	Lot Ida	Feet from ti	be N	North/South line		Feet from the	East/West No	e County		
12 Lac Code	13 Produci	ing Method C	de Gas Connection D		15 C-12	9 Permit No	it Number		C-129 Effective	Date 17	C-129 Expiration Date		
FEE	FEE PUM		N/	N/A					8/15/97		-		
II. Oil a	nd Gas	Transpor							0/13/9/		3/15/98		
Transpor OGRID		1º Transporter Name and A ldress				²¹ POD 21 O/G			²² POD ULSTR Location and Description				
015694 N		Navajo Ref. Co. PL Division				2804640 0			E 13-18S-26E				
013034	X2X2000332	P. O. Box 159 Artesia, NM 88210-0159							Tank Battery				
009171		GPM Gas Corp.				2057130 G			E 13-18S-26E				
4.7	5/99MPHH199MH	4044 Penbrook							Tank Battery				
	Ud	Odessa, TX 79762							Tank Dattery				
and policina and a second	energia Garagi na				V. C.			× . «			4 200		
										o_{C}	TECONIA.		
										· •	ARTES.		
V. Produ	iced Wa	ater		······································			******	ACCES 1					
В	OD		v		² P	OD ULSTR	Location	and D	escription				
2057150 E 1				13-18S-26E Tank Battery									
. Well C	Complet	ion Data				····							
¹⁵ Spud Date ¹⁶ Re			Ready Date "TD			# РВ ТО			¹⁴ Perforat	lions	³⁰ DHC, DC,MC		
10/11/9	97	1/	14/98 18		300'		1786'		1572-164	7,			
· · · · · · · · · · · · · · · · · · ·	¹¹ Ilole Size		n C	asing & Tubing	Size			puh Set			cks Cement		
12 1/4"			8 5/8'			1109'			10	100 Cl H 200 35/65 Poz			
7 7/8"			5 1/2"			1800'			325 C1 C				
			2 3/8"										
			1 2 3/8		1733.34'								
/I. Well	Test Da	ıta	L		<u> </u>								
Date Ne			clivery Date	²⁷ Test	Date	* To	est Length	.	³⁴ Thg. Pri	casu re	" Cag. Pressure		
1/15/98	3			1/21/98		2	24 hrs		-		-		
CHULC	COLORS	\$0	Car	1	us usi	21 (2007)			* * * * AO	F 1	S Test processor		
		20		3		10	0						
" I hereby certif	y that the ru	les of the Oil (Conservation D	vision have been	complied								

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION Approved by: SUPERVISOR, DISTRICT IL Sharon Hindman Title: Approval Date: Production Assistant " If this is a change of operator fill in the OGRID number and name of the previous operator Previous Operator Signature Printed Name Title 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. 2.
- 3.

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

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.

- The API number of this well 4.
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- The property name (well name) for this completion 8.
- 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 11.
- Lease code from the following table:
 F Federal
 S State
 P Fee 12

SP

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.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- 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

- 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.
- ŧ, ihe: ്സനര 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.
- 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.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce
- Total vertical depth of the well 27.
- 28. Plugback vertical depth
- 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.
- 30. Top and bottom perforation in this completion or casing shoe and TD if openhole

- 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.
- 34 Number of eacks 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.

- 35. MO/DA/YR that new oil was first produced
- 38. 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
- 39. 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
- 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:

lowing

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.