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

District II 811 South First, Artesia, NM 88210

OIL CONSERVATION DIVISION

State of New Mexico Energy, Minerals & Natural Resources Dep

Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office

District III 1000 Rio Brazos District IV 1040 South Pach	rhem, Santa I	Fe. NM 8750:	2040 South Pacheco Santa Fe, NM 87505 T FOR ALLOWABLE AND AUTHORIZAT					5 Copies AMENDED REPORT ION TO TRANSPORT			
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Ricks	o Exp]c	oration,		/	•			1		16848	89
			ite 3000			,		Ţ	3 ·	Reason for F	filing Code
	homa Ci	•				,		. 1	1	NW	
· A	API Number				5	⁵ Pool Nam	ane			$\overline{1}$	* Pool Code
30 - 0 15-		1		EMPIRE MO							76400
	roperty Code	e	-	AMPLINE IN		Property Na				1	* Well Number
2	417	Ш	, J	EMPIRE SC	OUTH DI	EEP UN	NIT (ES	SDU)			23
I. 10 S	Surface 1	Location									
Ul or lot no.	Section	Township	Range	Lot.Idn	Feet from		North/Sc	outh Line	Feet from the	East/West I	line County
D	1	18S	28E		1980	0'	Nor	cth	660'	West	Eddy
11 T	Pottom	Hole Loc		<u> </u>							
UL or lot no.		Township		Lot Idn	Feet from	m the	North/Sc	South line	Feet from the	East/West I	line County
12 Lse Code	13 Producir	ing Method C	code M Gas	Connection Dat	ite 15 C	:-129 Pern	mit Number		¹⁶ C-129 Effective I	Date	¹⁷ C-129 Expiration Date
II. Oil ar		Transpor	orters "Transporter?	Nome		20 PC	<u> </u>	" O/G		" POD ULST	T Longting
OGRID			and Addres							and Desc	
000734		AMOCO			11	271)	30204 0			-	
		TULSA,	BOX 70206 , OK 714	470				S. C.			
153135		370 17	ENERGY SE 7TH ST, #	#900	2	8308	205	G		Single	\$ 17.10 (b) € 10.00 €
							RECEIVED OCU - ARTESIA				RECEIVED
D-od											70 ·····
	uced Wa	iter			;	2 POD U	LSTR Locat	tion and I	Description		
Well (Complet	tion Data	2								
	d Date	*	*Ready Date 3/6/01	10	"то 0950 '	-	* PB1		** Perforat 10718-7		» DHC, DC,MC
, j	31 Hole Size		n (Casing & Tubin	ng Size		33	¹³ Depth Se	et		* Sacks Cement
17년	5"		13-	-3/8"				398			440sx
124				5/8"		+		3099			1180
77	7 /011		7"			+-		220		-	
	7/8"		7"				9396'				300
	1/8"		4½"					10950	0'		601
/I. Well 'Date Ne	Test Da		D-4a	7 97 gr.						 ,	
Date re	ew Oil	1	Delivery Date]	est Date	Test Length		-	"Tbg. Pn	cosure	" Cag. Pressure
41 con also			7/01	8/25				hrs	58		_
4 Choke W/O)	(0 0	i	Water ()		4 Ges 649		* AO	F	Test Method Flowing
I hereby certif with and that the knowledge and b Signature:	ne information belief.	n given above i	Conservation Distruction Distruction	Division have been aplete to the best	n complied of my	Approve		IL CO	NSERVATI ORIGINAL DISTRICT	ION DIV SIGNED II SUPER	
		a Asstni					val Date:				
1 Mar. 1	mall lane	a Asstr	at.			Vbbion	al Dare:				

9/10/01 Phone: 405/5161100 If this is a change of operator fill in the OGRID number and name of the previo

Previous Operator Signature

Printed Name

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.
- Reason for filing code from the following table:

 NW New Well

 RC Recompletion

 CH Change of Operator (Include the effect

 AO Add oil/condensate transporter

 CO Change oil/condensate transporter

 AG Add gas transporter

 CG Change gas transporter

 RT Request for test allowable (Include the effect) 3.

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.

- 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
- 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.
- 11. The bottom hole location of this completion
- Lease code from the following table: 12.

Federal State Fee Jicarilla

S

JNU

Navajo Ute Mountain Ute Other Indian Tribe

- 13. The producing method code from the following table: Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a gas transporter 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
 - 18. The gas or oil transporter's OGRID number
 - 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 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
- MO/DA/YR drilling commenced 25.
- 26. MO/DA/YR this completion was ready to produce
- 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 three non-commingled completions in this well bore. 30.

- 31. inside diameter of the well bore
- Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and
- 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.

- MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 36.
- 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
- 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:

Flowing Pumping Swabbin

S Swapping
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.