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

District II 811 South Fi

State of New Mexico Energy, Minerals & Natural Resources Department

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Form C-104 Revised October 18, 1994 Instructions on back Appropriate District Office 5 Copies	Ol A

District III 1000 Rio Brazos Rd., A		2040 South Pachage					Submit to Appropriate District Of 5 Co.				
District IV 2040 South Pacheco, Sa	nta Fe, NM 875	05								MENDED REPO	
Ι.	REQUES	T FOR	ALLOWAI	BLE A	ND AU	JTHOI	RIZAT	ION TO T	RANSPO	RT	
Nadel and		Operator n	ame and Addres	85					² OGRID N		
Nadel and Gussman Permian, L.L.C. 3200 First National Tower									155615		
Tulsa, Ok	74103-	4313						•	Reason for F		
⁴ API Num	í				Pool Nam	e		Ch a	s of 9/1	·	
30-0 15-05610 Shugart: Yates,							n, Gra	yburg	yburg *Pool Cod 56439		
Property C	* Property Name							* Well Number			
18941 /		В							#3		
Ul or lot no. Section	e Location	Range	Lot.ldn	Feet from	n 4h 4	N: 11/2					
N 26	185	31E	20111211	33		1	outh Line uth	and the same and	East/West li		
11 Botton	Hole Lo	1	I			30	utii	1650	West	Eddy	
UL or lot no. Section	Township				from the North/South line			Feet from the	East/West lir		
								rect from the	East West III	County	
12 Lse Code 13 Produ	icing Method C	ode 14 Gas	Connection Date	e 15 C	-129 Permi	t Number	16	C-129 Effective I	Date 17	C-129 Expiration Da	
II. Oil and Gas	Т									,	
II. Oil and Gas		Ters Transporter 1	Nama			·····					
OGRID		and Addres	s s		^a POI	POD 21 O/G		22 POD ULSTR Location and Description		Location	
022628	Texas-NM	Pipelin	1e		06273	310	0	Hinkle B		Aton	
	Box 2528	, Hobbs,	NM 882	40				M-26-18S			
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. Produced W	ater							- a a a			
" POD				14	POD ULS	TR Location	n and Des	cription	0 300	2	
0627450	Loc	o Hills	Salt Wat	er Dis	sposal				131, 776	See 1	
Well Comple		eady Date									
	^	cady Date	·	7 TD		28 PBTI)	1º Perforatio	ns	* DHC, DC,MC	
31 Hole Size	1	³² Ca	sing & Tubing S	Size		33 to	epth Set			-	
					 	<u>D</u>	eptn Set		¹⁴ Sac	ks Cernent	
					 						
					 						
Well Test Da	ta		·		<u> </u>						
Date New Oil	New Oil 34 Gas Delivery Date 37 Test Date		ate	34 Test Length			¹⁴ Thg. Pressure		# C . D		
						J			ure	" Csg. Pressure	
41 Choke Size	42 O	Dil	43 Wate	er		" Gas		" AOF		* Test Method	
hereby certify that the gui	e of the Oil Co	()								Tank Method	
hereby certify that the rule and that the information	given above is ye	nyervation Divis	ion have been co e to the best of m	mplied		OII	CONG	CDUATE			
wledge and belief. ature:	1////	<i>(</i>					CONS	ERVATIO	N DIVIS	ION	
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) Steph	en 1. Hey	man		T	itle:						
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10/22/30		Phone: 91	8/583-333	3				~ 13 30		· · · · · · · · · · · · · · · · · · ·	
this is a change of oper 33408	ator fill in the C Na	OGRID numbe idel and	r and name of the Gussman	he previous	s operator						
Previous Or	erator Signatur										
-1	i Signatur				Printed Na	me			Title	l	

Partner

10/22/96

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.

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 Change oil/condensate transporter AG Add gas transporter CG Change gas transporter RT Request for test allowable (Include New York 1997) New Well
Recompletion
Change of Operator (Include the effective date.)
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
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.
- The bottom hole location of this completion 11.
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla 12.

N

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table: 13.

Flowing Pumping or other artificial lift

- 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.
- 17. MO/DA/YR of the expiration of C-129 approval for this completion
- 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 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.
- 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 three non-commingled completions in this well bore. 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
- 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.

- MO/DA/YR that new oil was first produced 35.
- 36. MO/DA/YR that gas was first produced into a pipeline
- 37. MO/DA/YR that the following test was completed
- 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

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.