District I PO Box 1 <b>980,</b>		State of New Mexico						012	T.	Furin C-10				
District II PO Drawer Di	9	Energy, Minerals & Natural Resources Department						Revised February 10, 1994 Instructions on back						
District III 1000 Rie B <b>raz</b>		OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088						Submit to Appropriate District Office 5 Copies						
District IV PO Box 2088,	Santa Fe. N	M 87504-208		الەد	па ге	, NM 8/50	4-2088	i		5		IENDED REPORT		
1.			T FOR	ALLOW	ABL	E AND A	JTHOI	RIZAT		RANS				
	ra Fasl	ten	Operator r	ame and Ad	dd ress				001621	and the second se	RID Num			
303 We Midla	e, Suite 1	, Suite 1900					Reason for Filing Code							
			-							CG				
1	<sup>4</sup> API Number 30 - 015-20546				** Dual Completion (Boyd Cisco)						' Pool Code			
' P	<u>Bo</u>	Boyd Morrow 'Property Name						72840						
004236		Landia	Arco	"9" Mc	orris	on					1			
U or lot no.	II. <sup>10</sup> Surface		Range	Lot.ldn	Fe	et from the	North/Se	with Line	Feet from the	Fast/V	Vert line	Carab		
В	9	19S	25E			660	Nort		1980	East		County		
UL or lot no.	Bottom Section	Hole Lo								Las	<u> </u>	Eddy		
B	9	19S	Range 25E	Lot Ida		et from the	North/Sc		Feet from the	1.1	est fine	County		
<sup>11</sup> Lae Code	" Produc	ing Method C	ode 14 Gas	Connection		<sup>14</sup> C-129 Permi	North Number	_	1980 C-129 Effective 1	East ele	" C-	Eddy 129 Expiration Date		
P III. Oil a		Transa		-15-72										
Transpor	_		Transporter	Name		" PO	<u> </u>	<sup>JI</sup> O/G		POD I	1 9779 1 -			
OCRID				HØ 				<sup>22</sup> POD ULSTR Location and Description						
015694 Navajo Crude P. 0. Box 17			75	-	lo	all hickory and sugar	0960810			B-09-19S-25E				
1/7021	Artesia, New 147831 Agave Energy			8210										
147851	ourth Stre	company rth Street Mexico 88210			0960830			B-09-19S-25E						
	2000S									, <u></u>				
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	ced Wa	ter							(Ô) []	CC	DW.	DIV.		
0960850		В	-09-19S-	-25E		" POD ULS	TR Locatio	on and De	scription	D](	ইনি, গ	9		
V. Well C	ompleti	ion Data	<sup>24</sup> Ready Da											
Spue	" Spud Date			le		" TD	" TD				2*	Perforations		
м	Ilole Size		" C	ising & Tub	ing Size		<u> </u>	lepth Set			<sup>10</sup> Sacks	Cement		
	- <u></u> .									_				
							··			<u></u>	<del></del>			
VI. Well 7	fest Dat	a	···	<del></del>							<u>-</u>			
<sup>14</sup> Date New	<sup>14</sup> Date New Oil <sup>24</sup> Gas Delive		lvery Date	very Date <sup>14</sup> Test Date			" Test Length			* Tog. Pressure * Cag. Pressu				
" Choke S	Size		XI	a	Water		a Gas		" AOF	· ——				
									AUF			Test Method		
I hereby certify with and that the is	nformation g	s of the Oil Co iven above is (	inservation Div true and comple	ision have be te to the bes	en compl tof my	lied		CON	SERVATIO					
knowledge and bel	icf.	<b>,</b>			-	Approved b	. 0	RIGIN	n signed 3	y tisi		11		
	rinked name:							Approved by: DISTRICT IL SUPLANISOR						
Fitle:	Dollene Thompson													
Dalc:	anager 0 1/28/95	ιι α Gas I	Dhannes	/687-177	7				DEC 71	330				
" If this is a char		tor fill in the				revious operator								
F	revious Op	erntor Signatu	re			Printed N	lame	******		itle				
							•, **,	* · *				Date		

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## 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 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) request for test anowable (include vi requested) If for any other reason write that reason in this box.

  - The API number of this well
- The name of the pool for this completion 5.
- 6 The pool code for this pool

4.

- 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.
  - SP

1

- JNU
- Federal State Fee Jicarilla Navajo Uta Mountain Ute Other Indian Tribe
- 3. The producing method code from the following table: Flowing Pumping or other artificial lift F P
- 4. MO/DA/YR that this completion was first connected to a
- gas transporter The permit number from the District approved C-129 for this completion ;
- \$.
- MO/DA/YR of the C-129 approval for this completion

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

- 3 The gas or oil transporter's OGRID number
- ). 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. )
  - Product code from the following table: Oil Gas

- T' e 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.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- Total vertical depth of the well 27.
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Inside diameter of the well bore 30.
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32
- 33. 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.
- MO/DA/YR that new oil was first produced 34.
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas well 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
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:
  - Flowing Pumping Swabbin Þ

    - 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.
- 47. The previous operator's name, the signature, printed name, 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