District I

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

PO Drawer DD, Artesla, NM 88211-0719

District III

1000 Rio Brazos Rd., Aztec, NM 87410

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

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised February 21, 1994 Instructions on back

Submit to Appropriate District Office 5 Copies

District IV	E- NA	1 87504 3000		Sama 1	C, INIVI	6750	1-2000] AMI	ENDED REPORT	
PO Box 2088, S I.			FOR A	LLOWAB	LE AN	ID AU	THOR	IZAT	ION TO TE	RANS	PORT	•	
Operator name and Address									² OGRID Number				
COSTILLA PETROLEUM CORPORATION P. O. Box 10369									138695				
Midland, Texas 79702									3 Reason for Filing Code				
API Number Out Vant 'Pool Name									CH				
30.045-27722												Pool Code 600	
Property Code							me	' Well Number					
20046 Parkeliester							124" State						
		Location	·										
Ul or lot no. Section Township 24 195						120		outh Line		ŀ	East/West line County		
Bottom Hole Lo						1980 500		<u>et 1, </u>	1650	East Eddy			
UL or lot no.		Township	······································			eet from the North/Sout			Feet from the	Feet/W	East/West line County		
							Norta/South in		Cour		County		
12 Lee Code	13 Produci	ng Method Coo	le 14 Gas	Connection Date	e 15 C	129 Perm	it Number	1	C-129 Effective Date 17 C-129		129 Expiration Date		
III. Oil and Gas Transporters													
Transporter OGRID		17 Transporter Name and A ldress				" PO	D	²¹ O/G	" POD ULSTR Location				
									In the		= U W		
									NOV 2 5 1996				
									oil con. Div.				
									DIST. 2				
	uced Wa	iter											
	POD ULSTR Location and Description												
V. Well	Complet	ion Data	·										
25 Spur	•				27 T1)	TD 21 PBTD		2º Perforations		34 DHC, DC,MC			
											. ,		
31 Hole Size			32 Casing & Tubing Size			33 Depth		Depth Se	í I		34 Sack	s Cement	
										<u> P</u>	Part ID-3		
											che	A)	
											<i>T</i>	/	
VI. Well Solution Date N	Test Da		luary Data) ⁷ Too	ot Data		M Tast I a		1 31 77 - D			44 C B	
41 Choke Size		34 Gas Delivery Date		16	37 Test Date		31 Test Length		34 Thg. Pressure			4º Csg. Pressure	
		42	43 Oil 45 W		Vater	-	44 Gas		45 AC)F		" Test Method	
											_		
				Division have been uplete to the best			ΩI	I. CO	NSERVAT	ION I	NVIS	ION	
knowledge and Signature:			.		Í				VISOR, DISTR		JI V 15	1014	
·	\mathcal{C}	ppir	rl kl	an		Approve	ca by:	OFER.	VISON, DISTA				
CLIFFORD N. HAIR, JR.							Title:						
	dent-Land	·	Approval Date: 11 1866										
Date: 11-19-94 Phone: 915-683-3092													
"If this is a change of operator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator Superator fill in the OGRID number and name of the previous operator													
71	Previous (Operator Signa	lure	·	/	Print	ed Name			<i></i>	itle	Date	
1.5	1-3047	+ Cc					<u> </u>		<u> </u>				

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

AG 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.

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

State

Fee Jicarilla

I N N

Navajo Ute Mountain Ute Other Indian Tribe

13 The producing method code from the following table:

Flowing Pumping or other artificial lift

- 14. 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 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 17.
- completion
- 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. 20.
- 21. Product code from the following table:
 O Oil

18

- 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.)
- The POD number of the storage from which water is moved from this property. If this is a new wall 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.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27.
- Plugback vertical depth 28.
- 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
- Top and bottom perforation in this completion or casing shoe and TD if openhole 30.

- 31. Inside diameter of the well have
- **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

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
- 36. 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
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39
- 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:

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.