## District I PO Box 1980, Hobbs, NM \$8241-1980

State of New Mexico Energy, Minerals & Natural Resources Department

District II

PO Drawer DD, Artesia, NM 88211-0719

OIL CON	SER	CAV	MOI	DIVISIO	۸
	PO	Box	2088		•
Santa	Fe,	NM	8750	4-2088	

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Form C-104 Revised February 10, 1994 Instructions on back abmit to Appropriate District Office	,
5 Copies	

Date

District III 1000 Rio Braze District IV			(	OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088			Sut	Instructions on bac Submit to Appropriate District Offic 5 Copie					
PO Box 2088, I.	Santa Fe, N	M \$7504-2088 REQUEST	Γ FOR A	LLOWA	BLE A				ION TO T	D A NIC	AMENDED REPORT		
Ch P.	i Ope	rating.					ND AUTHORIZATION TO TE				OGRID Number		
Mi	P.O. Bxo 1799 Midland, Texas 79702				,	PECEIVED' Reason for Filing Code							
*API Number 30 - 015 - 28457 Wildon				0. †	Pool Name				Pool Code				
, b	roperty Cod	le .	Wildcat Pro				JUL 3 1 1995			96034			
	960 Surface	Location	· · · · · · · · · · · · · · · · · · ·	ate OIL CON. DIV				Well Number					
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. 11	Bottom	Hole Loc	ation			<del></del>				wes	t Eddy		
UL or lot no.	Section	Township	Range	Lot Ida	Feet from	m the	North/So	uth line	Feet from the	East/We	st line County		
11 Lee Code	13 Produc	ing Method Co	de <sup>14</sup> Gas	Connection Da	te "C	-129 Perm	lt Number	<del>   </del>	C-129 Effective	Date	17 C-129 Expiration Date		
II. Oil au	nd Gas	Transport	ers	<del></del>			<del></del> -						
Transpor OGRID	ter		Transporter N			<sup>30</sup> PO	D	" O/G	- · · · · · · · · · · · · · · · · · · ·	" POD UL	STR Location scription		
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2815	767				3	' POD UL	STR Location	on and D	escription				
	Completed Date	ion Data	<b>4</b>	· · · · · · · · · · · · · · · · · · ·									
			<sup>24</sup> Ready Da	le		" TD	1		" PBTD	<sup>19</sup> Perforations			
1	M Hole Size		" C	asing & Tubin	g Size		n	)epth Set		25 Sacks Cement			
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										<del></del>			
/I. Well	Test Da	nta	·										
Date N			livery Date	™ Te	ot Date	T	" Test Len	gth	* Tog. Pi	ressu re	" Csg. Pressure		
4 Choke	: Size	41	Oil	49 (	Valer	d Gas			" AOF		* Test Method		
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John W. Qualls  Geologist				Approval Date:									
Date:	<u> 7</u> /27	-95	Phone: 91	5-685-	5001				AUG	T 199			
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		olaugi	alf.			Printe	d Name		-	Title	. Data		

## 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

  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. 3.
  - The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool

4.

- 7. The property code for this completion
- The property name (well name) for this completion R.
- 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
- 12. Lease code from the following table:
  F Federal
  S State
  P Fee Jicarilla NU Navajo Vita Mountain Ute Other Indian Tribe
- The producing method code from the following table:

  F Flowing
  Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a 14.
- 15. The permit number from the District approved C-129 for this completion
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- 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.

n 3

Product code from the following table: 21. 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.
- 24. 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.)
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well
- 28. Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- inside diameter of the well bore 30.
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and
- 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.

- 34. MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 36.
- MO/DA/YR that the following test was completed 36
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 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
- MCF of gas produced during the test
- 44 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 46.
- 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 47.