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

State of New Mexico
Energy, Minerals & Natural Resources Department

District II

Form C-104 Revised October 18, 1994 Instructions on back

811 South First, District III			U		0 South	Pache	eco	NC	Submi	t to Appropr	ate District Office 5 Copies	
1000 Rio Brazos District IV	i Rd., Aztec.	NM 87410			a Fe, N						ENDED REPORT	
2040 South Pack I.				LLOWAB	LE AN	D AU	THORI	ZATI	ON TO TR			
	Operator name and Address								014007	OGRID Number		
MARA P. O		-			, j	' Reason for Filing Code						
MIDL					RT TEST ALLO	T ALLOWABLE FOR 300 BBLS JAN 97						
[	API Number				<sup>3</sup> Pool Name					•	Pool Code	
30 - 015-2			ARTE	ARTESIA (QU-GB-SA)						3230		
1959			Property Name  MILLMAN "3" STATE							/ell Number 1		
II. 10 Surface L		Location				rom the North/South Line						
Ul or lot no.				Lot.ldn					Feet from the	East/West line	County	
	F 3 19  11 Bottom Hole I		28E	1980	30 NORTH			2280	WEST	EDDY		
UL or lot no.		Township				om the North/South line			Feet from the	East/West line	County	
12 Lse Code	i	ing Method (	Code Gas Connection Date		e 15 C-	<sup>13</sup> C-129 Permit Numb		" C-129 Effective I		Date 17 C-129 Expiration Date		
S	P											
III. Oil and Gas Transporters  "Transporter "Transporter Name "POD "O/G "POD ULSTR Location												
OGRID		and Address				POD VOG		·· U/G	<sup>22</sup> POD ULSTR Location and Description			
1 013034 1		NAVAJO REFINING COMPANY 501 EAST MAIN STREET				2816067 0			F-3-19S-28E Millman "3" State			
			NM 88210						ILLETIN O SINIL			
005108			G. Senzi			2816068 G			F-3-19S-28E			
	3000 202000		DR., SUITE TX 79705	: <b>550E</b> _!4D_6 NW_					MILLMAN "3" STATE			
	Manage.	,	10.000	cty Rd	r = r	Average	A	AND MADE		<del></del>		
		Hall my										
		842110				7. C. F. C.			- RECEIVED-			
<b>"</b>	200			ŧ						is as		
TV Dead	and W			<del></del>				THE POLY		JANOG	3 1997	
	uced Wa	ater		<del></del>		POD III	STR Locat	tan and I	Secondarian (S.)			
2816069		F.	-3-19S <b>-2</b> 8E				AIR	Di anc .	<b>жастрио</b> п			
	Complet	tion Dat	a					<del></del>			<u> </u>	
Spur	d Date	T ,	Na Ready Date "T			* PBTD			" Perfora	tions	» DHC, DC.MC	
31 Hole Size			<sup>33</sup> Casing & Tubing Size			12.00						
	IWK OEA		+	rated or Inchil	+-		Depth Se	*	<sup>™</sup> Sac	eks Cement		
			+				<del></del>					
			<del> </del>	<del></del>		<del> </del>	<del></del>				······································	
			+	<del></del>		+-					<del> </del>	
VI. Well	Test D	ata					·			<del></del>		
1 Date New Oil			<sup>34</sup> Gas Delivery Date 77 Test I		st Date	Pate <sup>38</sup> Test Length		agth	" Tbg. Pr	essure	* Cag. Pressure	
										j	manighter .	
, 4 Choke Size			4 Oil 4 W		Vater	nter			4 AO		* Test Method	
<sup>47</sup> I hereby cert	ify that the n	ules of the Oi	l Conservation [	Division have been	n complied							
with and that the information given above is true and complete to the best of my knowledge and belief							OIL CONSERVATION DIVISION					
Signature:		Approvi	Approved by: ORIGINAL SIGNED OF TIM W. GUM									
Printed name: DOROTHEA LOGAN							Title: DISTRICT II SUPERVISOR					
Title:		Approval Date: JAN 8 1997										
Date: 01/02/97 Phone: (915) 684-7441						JAN 0 100)						

Printed Name

Title

Date

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

## 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.

separate C-104 must be filed for each pool in a multiple

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)

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

Federal State Fee Jicarille

Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table:

  F Flowing
  P Pumping or other artificial lift 13.
- 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.
- 16. MO/DA/YR of the C-129 approval for this completion
- 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 cransporter. 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:
- 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.
- 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
- 27. Total vertical depth of the well
- Plugback vertical depth 28.
- 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.

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

- 35. MO/DA/YR that new oil was first produced
- 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.

47. 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

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.