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

State of New Mexico Lucrgy, Minerals & Natural Resources Department

Form C-10 Revised October 18, 1994 Instructions on back	k
Revised October 18, 1994	
Instructions on back	ı

District II 811 South First, Artesia, NM 88210

District III

Previous Operator Signature

OIL CONSERVATION DIVISION Subsequent 2040 South Pacheco APR 2.9 1337

Submit to Appropriate Dis

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trict Office	
5 Copies η_{α}	

Date

AMENDED REPORT	
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1000 Rio Braze District IV	os Rd., Azte	c, NM 87410		Sant	a Fe, N	M 875	505	A) i\	7 6 1997		AME	ENDED REPORT		
2040 South Pac I.				LLOWAB	LE AN	D AU	THORI	ZATI	ON TO TR	ANSP				
Operator name and Address Cogrid Number														
500 W. Texas, Suite 500 Midland, Texas 79701									150661 Reason for Filing Code					
MIGIAN	ı, rexa	.5 /9/0							RT 1,500	BBLS	3 Apr	il, 1997		
*API Number 30 - 0 15-29360 Penasco Draw Upper Per							!			50	• 1 0280	Pool Code		
'Property Code						roperty Name				* Well Number				
10	Surface Location 3													
II. 10 S	Section	Township	Range	Lot.ldn	Feet from the		e North/South Line		Feet from the	the East/West line		County		
N	4	19S	25E	-	660	660 Sout		ı	1980	980 West				
11 Bottom Hole Location														
UL or lot no.	Section	Township	Range	Lot Idn	Feet from	rom the North/Sou		ith line	Feet from the East/We		st line	County		
¹² Lse Code	¹³ Produci	ng Method C	Code ¹⁴ Gas	Connection Date	¹⁵ C-1	¹⁵ C-129 Permit Number		1	C-129 Effective I	Date	" C-:	129 Expiration Date		
III. Oil and Gas Transporters														
Transpor OGRID	rter		Transporter ! and Addres			» POD	·	²¹ O/G	2	22 POD ULSTR Location and Description				
138648			æline IC est Ave.	T	28	191	22	0	N, Sec 4,					
Levelland, Tx 79336									Bradshaw No 3 Battery					
***************************************	********		4			22 007 00000								
N. A.														
						00000 V 000000								
		·····	- "	- "										
								-				•		
IV. Prodi	iced Wa	iter												
	POD				24]	POD ULS	TR Locatio	on and D	escription					
7 777 11 6	~ ,			-19-S, R-	-37 - E I	Bradsl	naw No	3 Ta	nk Battery	,				
V. Well (ion Data	Ready Date		" TD		≈ PBT		" Perfora					
A /00 /00		014' 7962							DHC, DC,MC					
	31 Hole Size		n C	asing & Tubing	Size		ı I	epth Se	et Sacks Cement					
14 3/4			 	9 5/8"		1200 '			1100 sx - circ					
8 3/4"			 	7"		8005'					sx - circ 63 sx			
2 7/8"					···	6000' DV Tool					956 sx - circ 72 sx			
	Test Da					J	6076)						
35 Date No		³⁶ Gas Delivery Date ³⁷ Test I		st Date 3		38 Test Length		" Tbg. Pr	essure		* Csg. Pressure			
41 Choke Size 42 Oil		₩ ₈	45 Water		⁴⁴ Gas		4 AO	F	4 Test Method					
I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my OII CONSEDIA TION DIVISION														
knowledge and belief					OIL CONSERVATION DIVISION									
Printed name:						Approved by: ORIGINAL SIGNED BY TIM W. GUM Title: DISTRICT II SUPERVISOR								
Ron Lechwar Title:						Approval Date:								
Project Manager Date: 4/28/97						MAY 5 1997								
		rator fill in t	he OGRID nun	nber and name o	of the previo	us operat	or							

Printed Name

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)

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

Federal State Fee Jicarilla

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
- 15. The permit number from the District approved C-129 for this completion
- 16. MO/DA/YR of the C-129 approval for this completion
- 17. MO/DA/YR of the expiration of C-129 approval for this
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- 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 recomplation 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
- 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
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 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
- 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
- The method used to test the well:

 F Flowing
 P Pumping
 S Swabbing 46.

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 4R.

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