

State of New Mexico
Energy, Minerals & Natural Resources Department

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

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

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

II. ¹⁰ Surface Location								525	
Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
E	31	20S	28E		2180	North	660	West	Eddy
II. ¹¹ Bottom Hole Location									

11 Bottom Hole Location										Eddy
UL or lat no. 20	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County	
12 Log Code F	13 Producing Method Code P	14 Gas Connection Date		15 C-129 Permit Number		16 C-129 Effective Date		17 C-129 Expiration Date		

III. Oil and Gas Transporters

III. Oil and Gas Transporters

" Transporter OGRID	" Transporter Name and Address	" FOD	" O/G	" FOD ULSTL Location and Description
015694	Navajo Refining Company P. O. Box 159 Artesia, NM 88211	0955110	O	C-31-20S-28E Avalon Delaware Unit CTB #1
009171	GPM Gas Corp. 4001 Pembroke Odessa, TX 79762	0955130	G	Same as Oil
153135	Pan Energy Field Services P. O. Box 5493 Denver, CO 80217	0955130	G	Same as Oil

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IV. Produced Water

IV. Produced Water

POD 0955150	Same as Oil	POD ULSTR Location and Description	OIL CON. DIV. DIST. 2
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V. Well Completion Data

V. Well Completion Data

VI. Well Test Data				
" Spool Date	" Ready Date	" TD	" FBTD	" Perforations
" Hole Size	" Casing & Tubing Size	" Depth Set	" Seals Cement	

VI. Well Test Data

" Date New Oil	" Gas Delivery Date	" Test Date	" Test Length	" Tbg. Pressure	" Csg. Pressure
" Choke Size	" Oil	" Water	" Gas	" AOF	" 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 knowledge and belief.

Signature: Seamus Nunez

OIL CONSERVATION DIVISION

Printed name:	Selena Q. Nunez
Title:	Sr. Office Assistant

Approved by:

~~ORIGINAL SIGNED BY EIM W. GUN~~
~~DISTRICT II SUPERVISOR~~

Approved Date:

~~OCT 07 1996~~

Date: 10/1/96

Phone: (915) 688-7899

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

Previous Operator Signature

Printed Name _____

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IF THIS IS AN AMENDED REPORT, AT THE TOP OF THIS DOCUMENT
"AMENDED REPORT" CHECK THE BOX LABELED

22. 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.)
23. 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.
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. MOD/AYR drilling commenced
26. MOD/AYR this completion was ready to produce
27. Total vertical depth of the well
28. Plugback vertical depth
29. Top and bottom perforation in the completion or casing shoe and TD if openhole
30. Inside diameter of the well bore
31. Outside diameter of the casing and tubing
32. Depth of casing and tubing. If a casing liner show top and bottom.
33. 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.
34. MOD/AYR that new oil was first produced
35. MOD/AYR that gas was first produced into a pipeline
36. MOD/AYR that the following test was completed
37. Length in hours of the test
38. Flowing tubing pressure - oil wells
39. Shut-in tubing pressure - gas wells
40. Flowing casing pressure - oil wells
41. Shut-in casing pressure - gas wells
42. Diameter of the choke used in the test
43. Barrels of oil produced during the test
44. Barrels of water produced during the test
45. MCF of gas produced during the test
46. Gas well calculated absolute open flow in MCF/D
- 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 date 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, representative authorized to verify that the previous operator no longer operates the completion, and the date this report was signed by that person
1. Operator's name and address
2. Operator's OGRD number. If you do not have one it will be assigned and filled in by the District office.
3. Reason for filing code from the following table:
- RC Recession
CH Change of Operator
AO Add oil/condensate transporter
CO Change gas 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
10. The surface location of the 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 OGD unit letter.
11. The bottom hole location of this completion
12. Lease code from the following table:
- F Federal
S State
P Private
J Judicial
N Navajo
U Ute Mountain Ute
I Other Indian Tribe
13. The producing method code from the following table:
- F Flowing
P Pumping or other artificial lift
14. MOD/AYR that this completion was first connected to a gas transporter
15. The permit number from the District approved C-129 for this completion
16. MOD/AYR of the C-129 approval for this completion
17. MOD/AYR of the expiration of C-129 approval for this completion
18. The gas or oil transporter's OGRD number
19. Name and address of the transporter of the product
20. The number assigned to the POD from which this product will be transported by the transporter. If this is a new well or recompletion and the POD has no number the district office will assign a number and write it here.
21. Product code from the following table:
- O Oil
G Gas