District I PO Box 1988, Hobbs, NM 88241-1980

State of New Mexico Energy, Minerals & Natural Resources Dept

District II

PO Drawer DD, Artesia, NM 88211-6719

Form C-104
Revised February 10, 1994
Instructions on back

Date

District III					P	O Box 208	8		Su	bmit to	Арргор	riate Distric	t Offi Copi
1000 Rio Brazo District IV	6 Kd., A1	dec, NM 87	410	Sa	anta F	e, NM 875	04-2088	}		,	-		•
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De	y Corp	3- \			³ OGRID Number								
20	y corp. oadway	evada) 00			6137								
Oklahoma City, OK 73102							10-14			g Cede			
⁴ API Number						⁴ Pool No.		NW 10500			<u></u>		
30-015-	-2773	9	East	t Catc	law 1	_	o //					Pool Code	
'PN	perty Co	de				Property N					, N	Vall Number	
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F	16	T2]	· ·	1	· ·	1980'	North/South line N		Feet from the	East/West line			
12 Lee Code		ing Method		as Connectio	Date	¹⁵ C-129 Perm			1945 C-129 Effective	V		Eddy	
S	flo	wing	İ	3/6/94	4				C-173 Ellective	Date	" C-1	29 Expiration	Date
III. Oil and	d Gas	Transp	orters	_				<u> </u>					
Transporter OGRID		" Transporter Name and Address				" PO	D	11 O/G	²¹ POD ULSTR Location			etica	
018053		Pride Pipeline				 					Description		
010033		P. O. Box 2436				085501	.0	0	Cactus	State Battery			
			e, TX	7960					Sec. C	-16-T	21s-	R26E	
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V. Produce	ed Wa	ter											
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E Spud D	ate	Oli Data	™ Ready D	late		ri TD							
1/24/94			3/6/94				- 1	* РВТО 4354 '			²⁷ Perforations 3180 ' - 3246		6
M Hole Size				34 Casing & Tubing Size			4400' 4				<u> 3050' - 3114'</u>		4
17 1/2"			13 :			350	350'			²⁵ Sacks Cement			\exists
12 1/4"			8 5,				2200'			400 sx - circ to			
7 7/8"				5 1/2"						950 sx - circ to			syr
			/				4400'			650 sx - 2 stage			
. Well Tes	st Data	a											
M Date New O	2	" Gas De	livery Date	*1	Test Date	77	Test Length		* Tbg. Press				_
3/5/94		3/6/94		3/7/94		ı	24 hrs		690#	[` `		ag. Pressure	
" Choke Size	'	41	Oil	⁴ Water			" Gas		4 AOF		1160#		_
14/64"		120)	20		_ :	300			1	flowing		
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led name:	onnel	Approved by	Approved by: SUPERVISOR, DISTRICT II										
Del	ell	Title:	Title:										
Engineering Technician						Approval Dat	Approval Date: MAD 1 0 100						
3/9/	Phone:405	┪	MAR 1 8 1994										
this is a change	of operato	or fill in the	OGRID numi	er and name	of the pe	evious operator							4
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2.67	oper	-wr atgnati	ite			Printed Na	De			Title		Date	#

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 walls.

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

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
- 8 The pool code for this pool
- The property code for this completion
- 8. The property name (well name) for this completion
- The well number for this completion 9
- 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:

Federal State Fee Jicarilla Navajo Ute 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 17.
- 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.
- 21. Product code from the following table: O Oil G Gas

- 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. 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
- MO/DA/YR this completion was ready to produce 26.
- 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.
- 30. inside diameter of the well bore
- Outside diameter of the casing and tubing 31.
- 32. Depth of casing and tubing. If a casing liner show top and bottom.
- 33. Number of sacks of coment 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.

- MO/DA/YR that new oil was first produced 34.
- 35, MO/DA/YR that gas was first produced into a pipeline
- 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
- 43. MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D 44.
- 45. The method used to test the well:
 F Flowing
 P Pumping
 S Swebbing 8 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.