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

State of New Mexico

District II

811 South First, Artesia. NM 88210 District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV 2040 :

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

AMENDED REPORT

South Pacheco, Santa Fe, NM 87505			
REQUEST FOR	ALLOWABLE AND	AUTHORIZATION TO	TRANSPORT

l	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT												
PRIMAL EDERGY CORDORATION									' OGRID Number  54303				
211 HIGHLAND CROSS, #227								'Reason for Filing Code					
HOUSTON TX 77073 PRODUCTO WATER													
1 API Number 1 Pool Name 30-015-27718 5. GOLDEN CARE DELAWA									' Pool Code				
Property Code 1 Pro							E PELAWAZE			66152 'Well Number			
30-015-27718 5. GOLDEN LARE I Property Code Property No. 25097 BIG GODY								T				32	
II. 10 Surface Location													
Ul or lot no.	Section	Township	Range	Lot.Idn	Feet from		North/South Line		Feet from the	East/West line		County	
J	16	215	29€		19	1980		5	1980	E		EDOY	
<sup>11</sup> I	Bottom 1	Hole Loca											
UL or lot no.	Section	Township	Range	Lot Idn		t from the North/South line		outh line	Feet from the	East/West line		County	
" Lse Code	13 Produci	ng Method Code		Connection Date 26-94	15 C	15 C-129 Permit Number		11	C-129 Effective I	Date	17 C-1	29 Expiration Date	
III. Oil a	nd Gas	Transporte	rs										
Transpor OGRID	ter	" T	ransporter ! and Addres			39 POD 21 O/G			2	POD UL			
						2807	QIL1	0	and Description				
	734 Amoco Pipeude 2						84)		K, Sec 16-T215-R2				
25883 GRAMO VALLEY GATHERING 2807842 G K, See 16-1215-129										5-R29E			
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V. Produ	iced Wa	ter		- Irun sa			31 (1)		76.0	State of the	- 1 - 1		
	OD					<sup>2</sup> POD UL	STR Loca	tion and D	escription	- 10		***************************************	
2807	843		K.	Sec 16	· T	215	R	296	$\epsilon$				
7. Well C													
<sup>N</sup> Spud Date <sup>N</sup> Ready Date <sup>n</sup> TD					* PBTD			29 Perforations		,	* DHC, DC,MC		
	" Hole Size		<sup>12</sup> Casing & Tubing Size			33 Depth Set			t Sacks Cement			s Cement	
					•								
	Test Da			T									
" Date Ne	w Oil	™ Gas Deliv	ery Date	" Test	Date		" Test Le	ngth	" Tbg. Pr	essure		* Cag. Pressure	
" Choke	Size	4.0		4º W	aler.	-	44 Ges		- AO		ļ	45	
04025			_ )	,			G E	•	1	•		* Test Method	
				vision have been							<u> </u>		
with and that the knowledge and b	11 /1	given above is tr	ne and comp	lete to the best o	f my		OI	L CO	NSERVATI	ON D	IVISI	ON	
										3 B/A			
Printed name: DHN ABERNETHY Title: Withit Supervisor										רטער			
						Approva	Approval Date:						
Date: 7-10-00 Phone: 281-821-5600								<del></del> -					
				nber and name		rious opera	itor						
·					-	•							
	Previous O	perator Signatus	re			Printe	d Name			TKI	le	Daie	

## 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

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

Operator's name and address 1.

2.

- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.

- 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 requester) requested)

If for any other reason write that reason in this box.

- The API number of this well
- The name of the pool for this completion 5
- 6. The pool code for this pool
- The property code for this completion 7.
- The property name (well name) for this completion 8.
- 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.
- The bottom hole location of this completion 11.
- 12. Lease code from the following table: Federal
  - State
  - . Jicanilla
  - NU Navajo
  - Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: 13.
  - Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a gas transporter 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.
- The gas or oil transporter's OGRID number 18.
- 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.
- Product code from the following table: 21.
  - Oil
- 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.
- 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 commin with another completion, 'DC' if this completion is on two non-commingled completions in this well bore, or 'if there are more than three non-commingled complet in this well bore. 30.

- Inside diameter of the well bore 31.
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- Number of sacks of cement used per casing string 34

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.

- MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 36.
- 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.
- The signature, printed name, and title of the person authorized to make this report, the date this report was 47. 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.