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

2

District II O Drawer DD, Artesia, NM 88211-0719

)istrict III 1000 Rio Brazos Rd., Aztec, NM 87410

District IV 20

State of New Mexico Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION

Form C-104
February 21, 1994
nstructions on back
riate District Office
5 Copies

OIL CONSERVATION DIVISION	Submit to Appropriate Di
PO Box 2088	• •
Santa Fe, NM 87504-2088	
•	AMENDE

District IV					- <b>-, -</b>	- 0.00	000				] AME	NDED REPORT	
PO Box 2088, S.			FOR AT	LOWA	RIFA	ND AT	THOR	ነ <i>ፖ</i> ልጥነ	ON TO TR	ANICE	- >∩pm		
				e and Addre		AU AU	11101	12/11	OIT IO IK		D Numb		
Louis Dreyfus Natural Gas Corp.									025773				
14000 Quail Springs Parkway STE 600									3 Reason for Filing Code			Code	
Oklahoma City, Ok. 73134									NW - New Well 12/17/95				
	PI Number					Pool Nam	e				• 1	Pool Code	
30-015-28567 Happy Valley, Delawa											290	665	
						Property Na	rty Name * Well Num						
	13/	Location	Federal						3				
Ul or lot no.	Section	Township	Range	Lot.ldn	Feet fre	m the	North/Se	uth Line	Feet from the	Eust/W	est line	County	
m	33	228	26E			90'	1		660'	}	·	•	
		Hole Loca				90	Sout	n	000	Wes	st ]	Eddy	
UL or lot no.	Section	Township	Range	Lot Idn	Feet fr	om the	North/S	outh line	Feet from the	East/W	Enst/West line County		
	33	22S	26E		99	0'	Sou	th	660'	Wes	st	Eddy	
12 Lse Code 13 Produ		ing Method Cod	- I .	Connection D	ule 15	C-129 Peru	-129 Permit Number		C-129 Effective I	C-129 Effective Date 17 C-129 Expiration		129 Expiration Date	
F		ımp .		2/20/95									
II. Oil a	nd Gas	Transporte		•	<del></del>			····					
Transpor	rier		ransporter N and Address			34 PC	1)	31 O/G	,	U QOʻl <sup>s</sup> and I	LSTR Lo Descriptio		
025773		ouis Drey				7621	31	G	G sec. 1	5-23s-	-26E	<del></del>	
		l4000 Quai Oklahoma (			#600	LUA I	<i>2()</i>		Custody	Transi	fer M	tr.	
138648						280550	0	0	K Sec. 3	2 220	265	<del></del>	
130040		502 NW. Av				200530	7	U	Tank Bat		-20£		
	I	evelland,	TX 793	336									
					L						c= nn		
									183	E C		/E(D)	
											·		
										JAN	2 2 1	1996	
IV. Prodi	uced W	ater								n @	@ D II	(5) (1) (1)	
	POD	1				<sup>24</sup> POD U	LSTR Loca	tion and l	Description	LC		. DIV.	
2805	511	K Sec	. 33-22	2S-26E -	- Tank				•	D	IST.	2	
		tion Data						· · ·		<del></del>	·		
<sup>25</sup> Sp	ud Date		20 Ready Da	ile		מד יי			" PBTD	2º Perforations			
11-10-9			2-17-95			70 <b>'</b>			5058		2550 <b>-</b> 63 <b>'</b>		
	Hole Size	-	*****	asing & Tub	·		32 Depth Set				<sup>33</sup> Sacks Cement		
	1/2"		13 3/8" K-55 54.5#				361!			400SX Port ID-2			
12 1/4"			8 5/8	8 5/8" K-55 24#			1665'			625SX 2-2-96			
7 7/8"			5 1/2" K-55 15.5#				5070 <b>'</b>			1200SX comp + B/			
77	<u> </u>		2 7/8"				2638'						
VI. Well	Test D	ata Sus Deli	uami Nat	T ===	14 FN 6	<del></del>	11		1				
12-17-		12-20-	•	1	`est Date -21–95		"Test Length "Tbg. 1		" Tbg. Pi	essure		34 Csg. Pressure	
4º Chok		12-20-		1	Water		24 hrs.		" AOF		*	45 Test Method	
_		37					7 MCF					Pump	
4 I hereby certi	fy that the r	ules of the Oil Co	onservation D	ivision have b	een complie	d							
with and that the knowledge and	e intomiatio belief.	n given above is t	ine and com	piele to the be	st of my		O.	IL CO	NSERVAT	ION I	SIVIC	ION	
Signature: Anderse Smith							Approved by: ORIGINAL SIGNED BY TIM W. GUM						
Printed name:	Ravio	na Smith	,,,,,,			Title:		DIS.	trict II sup	ERVISC	R		
RayVene Smith Title:							al Date:	- <u></u>	1111 - 2				
Production Analyst  Date: 1-18-96   Phone: (405) 749-1300						<del>                                     </del>	JAN 2 3 1996						
47 If this is a c		erutor fill in the	1 (4			cvious oper	utor						
	<u> </u>				pi		•				-		
•	Previous	Operator Signate	ure	<del></del>		Print	ed Name			· Ti	tle	Date	

## New Mexico Oil Conservation Division C-104 Instructions

## THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

eport all gas volumes at 15,025 PSIA at 60°, eport all oil volumes to the nearest whole barrel.

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.

Il sections of this form must be filled out for allowable requests on ew and recompleted wells.

Il out only sections I, II, III, IV, and the operator certifications for hanges of operator, property name, well number, transporter, or ther such changes.

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

nproperly filled out or incomplete forms may be returned to perators unapproved.

## 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.

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.

- The API number of this well
- The name of the pool for this completion
- The pool code for this pool

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**27.** 

28.

- The property code for this completion
- The property name (well name) for this completion
- 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.
- The bottom hole location of this completion
- 12. Lease code from the following table:

FSP

Tom the following Federal State
Fee Jicarilla
Navajo
Ute Mountain Ute
Other Indian Tribe

The producing method code from the following table: Flowing :3.

Pumping or other artificial lift

- MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this completion
- MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this
- 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 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.
- 21. Product code from the following table:
  O 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.
  - MO/DA/YR drilling commenced
- 28. MO/DA/YR this completion was ready to produce
  - Total vertical depth of the well
    - Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing

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.

- MO/DA/A'R that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 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
- 44. Gas well calculated absolute open flow in MCF/D
- 45. 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 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.