				-					*				158	
District 1 PO Box 1980, Hobbs, NM 88241-1980			State of New Mexico								Revi	ed Fe	Form C-104	
istrict II O Drawer DD, 4								Subm		inst	ructions on back e District Office			
istrict III - 100 Rio Branse I	PO Box 2088 Santa Fe, NM 87504-2088							1		opina	5 Copies			
intrict IV	•				Santa F	e, NM 8	7504	-2088		· ,	$\boxtimes$	AMEI	NDED REPORT	
<b>O Boz 2088, Se</b>	•		T FOR	ALL	.OWAB	LE AND	AU	THORIZ	AT	ION TO TR	ANSPO	DRT		
			the second s		and Address						<sup>1</sup> OGRID		7	
MEWBOURNE OIL COMPANY P.O. Box 5270												4744		
Hobbs, 1		41									Remon for Eective	-		
<b>* API Number</b> <b>30 - 0</b> 15–29343			Angel Ranch Atoka Morrow						VED		' Pool Code 70318			
1	BZD			n F1	at '7'	<b>'Prop</b> Federal	erty Na	MAY	23	1997		' We	E Number	
I. <sup>10</sup> S		Location	Range	-112	ot.idn	East from th	<del>. (</del>		<u>A6</u>		East/Wes		County	
<b>XB</b> 7 20 S		28E						NorthST. 22310				Eddy		
UL or lot no.	Sottom	HOIE LC			ot ida	Feet from t	he	North/Sou	ih line	Feet from the	East/Wes	t line	County	
													,	
<sup>11</sup> Lae Code F	<sup>is</sup> Produci F	ng Method (		- 20-	nsection Dat 97	le "C-1	9 Perm	it Number		" C-129 Effective	Date	" C-1	29 Expiration Date	
	nd Gas	Transpo			, ,						L			
" Transpor OGRID			" Transport and Ad		<b></b>		<sup>30</sup> PO	D	<sup>11</sup> O/G		<sup>22</sup> POD ULS and De	stR Lo		
139633			Gath &				818	949	G	K-5-T20S				
		•	Place, te 114,			977 2 27			્પ્રા	Eddy Co.	, NM			
18053	Dw	ido Dir	oeline		80112	23	17	948	Ó					
	P L Solution	rae r l	berrue	.0.		34 X 1 + 4								
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tite states and the state	280 C A					<b>R</b> anka Kata		icelo decedide R Secondo de Calendario de Calendario de Calendario de Calendario de Calendario de Calendario de	de decid	ର ୪				
IV. Prod	uced W	ater								<i>4</i>				
- 401	POD CO-					24	POD U	LSTR Location	bas so	Description				
V. Well	o <u>79</u> Comple	ク tion Da	ta				<u>.</u>			•				
	nd Date						' TD			* PBTD		<sup>29</sup> Perforations		
3-6-9	7		4-21-97			11,200		1		11,077		10979-10999		
	* Hole Sin	t	<sup>31</sup> Casing & Tubing Size					ii li	Depth	Set		<sup>30</sup> Sacka Cement		
	17½"	· · · · ·	13 3/8					450'		450				
	$12\frac{1}{4}$ "		8 5/8					3002'				1200		
	7 7/8			1/2				1197'					1500	
VI. Well	Test D	lata	<u>l</u>							1			· · · · · · · · · · · · · · · · · · ·	
	New Oil		a Delivery D	ste		fost Date		<sup>27</sup> Test Les		" Tbg.	Pressure	-1	" Cog. Pressure	
N/A		4	21-97	97 5-		11-97		24 hrs		140	)	0		
<b>* Ch</b> 14/6	<b>ke Sim</b> 4	(	<b>4 Ol</b>		4 Water 21			<b>e Gee</b> 454		" AOF N/A			• Test Method F	
with and that	the informati		Oil Conserve rvs is true an			een complied at of my		OI	IL C	ONSERVA	tion i	DIVI	SION	
knowledge and belief. Signature:							Approved by: ORIGINAL SIGNED BY TIM W. GUM							
Printed asso: Leonard Pounds							Tide:							
Title: Production Supervisor							Approval Date: MAY 2 3 1997							
					5-393-5905					1001				
		perster fill				ne of the prov	ious op	ernief						
			an a		<u></u>	-				i				
	Proviou	e Operator i	lignoture				Pr	inted Name			1	ikie -	Date -	

22.

IF THIS IS	AN AMENDED REPORT AT TI	REPORT.	CHE-A	THE BOX	LABLED
AMENDED	REPORT AT I	ne lur ur	1113 0	<b>GOOMEN</b>	

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole bar at whole barral

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 forme may be returned to operatore unapproved.

Operator's name and address 1.

- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- З.
- Resson 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 AG CG AT Ad gas transporter Change gas transporter Request for test allowable (include volume requested)
  - If for any other reason write that reason in this box.
- The API number of this well 4
- The name of the pool for this completion 5
- The applicade for this gool 6
- 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.
- Lease code from the following table: 12
  - Federal

    - SPJ
    - Federal State Fee Jicarilla Navejo Ute Mountain Ute Other Indian Tribe NU
- The producing method code from the following table: 13. riowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14. gas transporter
- The permit number from the District approved C-129 for 15. 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.
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product 20. 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.
- Product code from the following table: O Oil 21. 0 G

Gas

- .. location of this POD if it is different from the The ULL well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
- 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", "Jones CPD Water 24. (Example: Tank",etc.)
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27.
- Plumbank vertigal depth 28.
- Top and bottom perforation in this completion or easing shoe and TD if openhole 29.
- Inside diameter of the well bore 30.
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and 32. bottom.
- Number of sacks of cement used per casing string 33.

The following test date is for an oil well it must be from a tes conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced 34.
- MO/DA/YR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36.
- Length in hours of the test 37.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells 39. Shut-ir casing pressure - gas wells
- Diameter of the choke used in the test 40.
- Barrels of oil produced during the test 41
- Barrels of water produced during the test 42.
- MCF of gas produced during the test 43.
- Gas well calculated absolute open flow in MCF/D 44.
  - The method used to test the well:

45.

- F Flowing P Pumping S Swebbing If other method please write it in.
- The signature, printed name, and title of the persu-authorized to make this report, the date this report we signed, and the telephone number to call for question about this report 46.
- The previous operator's name, the signature, printed nam and title of the previous operator's representatu-authorized to verify that the previous operator no long operates this completion, and the date this report w signed by that person 47.