## D strict I PO Box 1980, Hobbs, NM 88241-1980

District II

811 South First, Artesia, NM 88210

## State of New Mexico Energy, Minerals & Natural Resources Dep

OIL CONSERVATION DIVISION

CIST Form C-104 Revised October 18, 1994 Instructions on back

District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV			2040 South Pacheco Santa Fe, NM 87505					.01	5 Copie:				
2040 South Pac I.		ta Fe, NM 8750 REQUES		TLOMY	BLE A	ND AI	JTHOR	IZAT	TON TO TI				
Picks			Operator na	ame and Addre						' OGRID	Number		
210 Pa	ark Ave	oration, Venue, Su	uite 3000	n				!		16	58489		
Oklaho	oma Cif	ty, OK	73102	•				1			_	de	
<del>                                     </del>	API Numbe	er	ſ		<del></del>	<sup>5</sup> Pool Nam	ne .		<u> </u>	<u>NW</u>		ol Code	
<b>30 - 0</b> <sub>15-</sub>		1	HAPI	PY VALLEY				•				3060	
' Pr	roperty Cod	ode			' P	Property Na				. —	' Well	Number	
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II. 10 S	Surface Section	Location Township	-	Lot.Idn	Feet from	m the	North/Set	with Line	Feet from the	East/West	line	County	
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11	Bottom	Hole Lo	cation	<u> </u>			<u> </u>						
UL or lot no.	- <del></del>	Township		Lot Idn	Feet from	m the	North/So	outh line	Feet from the	East/West	line	County	
				<u></u>			<u> </u>	!					
12 Lse Code	13 Produc	icing Method C	≥ode	Connection De	ite <sup>13</sup> C	C-129 Perm	iit Number	1 *	<sup>14</sup> C-129 Effective	Date	<sup>17</sup> C-129	Expiration Date	
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7 Well (	Comple	etion Data				<del></del>				······································		<del></del>	
V. WEII C			Ready Date		n TD		" PBT	<u>~~~</u>	29 Períora		- n	70 20 40	
4/20/0			10/22/00		11700'		11688		11358-11		Pi	PHC, DC,MC	
3	31 Hole Size	2		<sup>11</sup> Casing & Tubing Si							Sacks C	ement	
17½"			13-	-3/8"				700			825		
12½"			9-5	5/8"				2996	6.38'	]	1240		
7-7/8	8"		5½'			$\mathbf{L}$		11702				2nd=600sx	
										•			
	Test Da												
No Date Ne	ew Oil		<sup>™</sup> Gas Delivery Date 10/22/00		" Test Date 11/01/00		Test Length		" Tbg. Pr	1	• 0	Cag. Pressure	
41 Choke	e Size		/22/00	<del></del>	01/00 Water		24 hrs		450		4 Ta-4 M.4		
16/64		ĺ	0	1	O O	J		1	4 AO	F	"Test Method Flowing down Sales line		
17 I hereby certify	fy that the ru	ules of the Oil C	Conservation Div	ivision have been	en complied			=	<del></del>				
knowledge and b	; imornado. pelief.	1 given above to	is true and comp	lete to the best	of my		OH.	ndiRA	NSERVATI	OH DW	<b>/18IQ</b>	N	
Signature:	j Sukrv		such	al	_	Approved	d by: Dis	ETRIC	T II SUPERV	ISOR		32/	
	Lynne S			J		Title:			<del></del>			77	
Title: D	Orilli	ng Opera	ations As	sstnt		Approval	Date:		NOV 18	्रामस			
Date: 11/3/				5/516-110		<b> </b>	NOV 18 ZUU						
" If this is a ch	nange of op	erator fill in th	he OGRID num	nber and name	e of the prev	vious opera	ator						
	Previous (	Operator Signa							<del></del>				
	*******	/pu	WHIE			rme	ed Name			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 be

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 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.
- Reason for filing code from the following table: NW New Well 3.

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

- The API number of this well 4
- 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
- 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:

S

13.

de from the followi Federal State Fee Jicarilla Navajo Ute Mountain Ute N

- Other Indian Tribe
- The producing method code from the following table: Flowing
  Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14.
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- 17. MO/DA/YR of the expiration of C-129 approval for this
  - 18. 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.
  - Product code from the following table:
    O Oil
    G Gas 21

- 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 me 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
- 26. MO/DA/YR this completion was ready to produce
- 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 commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.

- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and
- 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
- 36. MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed 37.
- 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
- Barrels of water produced during the test
- MCF of gas produced during the test
- 45 Gas well calculated absolute open flow in MCF/D
- The method used to test the well:

Flowing Pumping Swabbin

If other method pie

- 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 47.
- 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.