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

9F.	Form C-104
¥	Revised October 18, 1994
ر رسال سا	Instructions on back
	Instructions on back

Supmit	to Appropriate	District Office
		5 Copies
(1/1)		

District I PO Box 1980, Hobb District II 811 South First, Art			•	Energy, Mine	erais & Nas		rces Departs		15F		Form C- ised October 18, 1 Instructions on b	
District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV			OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505				ON	Supfinit to Appropriate District Off				
2040 South Pacheco,	-			I I OWA	RIFA	ND AT	TUOD	17 A T	יש IT OT NOI		MENDED REPO	
Ricks Exp			Operator no	me and Addr		UID A	IIIOK	IZAI	ION TO TI	OGRID N		
210 Park .	Avenu	e, Sui	te 3000							168489		
Oklahoma (	City,	Oklah	oma 731	L02						Reason for F	iling Code	
'API N	in the									NW	•	
30 - 0 15-31			'Property Name  'Property Name  'Property Name				* Pool Code 78060					
<sup>7</sup> Propert	y Code							' Well Number				
280	79		Lanca	ster Sp	rings	rings Unit			4			
I. 10 Suri		ocation	Denes	11-414	-1							
	5	22S	Range 26E	Lot.Idn	Feet fro	500	North/Sou	i <b>th Line</b> ith	Feet from the 160	East/West li	County	
11 Bott	om He	ole Loc	ation						100	West	Eddy	
UL or lot no. Sec	tion	Township	Range	Lot Idn	Feet fr	om the	North/So	ath line	Feet from the	East/West ii	ne County	
	3	22S	26E			919'	Nor		749.7'	West	Eddy	
ı		Method Co	1	Connection Da	ite <sup>15</sup>	C-129 Perm	it Number		C-129 Effective	Date 17	C-129 Expiration Dat	
P Dil and (	Flowi			14/01				<u> </u>				
I. Oil and (	Jas II		ETS Transporter P	lame	<del></del>	» PO	<u> </u>	<sup>21</sup> O/G				
OGRID	-		and Addres		_			- 0/G	•	POD ULSTR and Descri		
21778		noco O. Box	2030		2	83/13	29	0				
	21	lsa, C		2								
007057	E1	Paso	Natural	Gas .	9	830330 G 16177				17.78		
	<b>H</b>	O. Box	1492 Texas	79978			· · · · · · · · · · · · · · · · · · ·					
				<u> </u>								
									·	0cb_/	EIVED EN SI	
. Produced	Water	•	<del></del>							1		
18713	71					* POD ULS	TR Locatio	and De	scription			
Well Com	pletion	Data			<del></del>							
<sup>25</sup> Spud Date 6/13/01			ady Date 3/01	,	7 TD		* PBTT		29 Perforati	ons	<sup>30</sup> DHC, DC,MC	
31 Hole	<u> </u>	3/1		1	.1870' 1671'		1123		11150-1	59'	.,,	
17½"	Size			sing & Tubin	g Size		n D	epth Set		<sup>™</sup> S	ecks Cement	
12½"			13-3/8"			_	726'		· .	825		
7-7/8"			9-5/8"			2332		990		)		
. ,, 0			5-½"			11870'		1st-875sx: 2nd-800		x: 2nd-800s		
Well Test	Data	<u>L</u>										
<sup>38</sup> Date New Oil 9/17/01	1	* Gas Deli		<b>" Tes</b> 9/19			Test Lengt 24 hrs	h	<b>" Tbg. Pre</b> 2500	sure	* Csg. Pressure	
" Choke Size 15/64"		<b>4 0</b> 2	il	43 Water		2664			" AOF	F	* Test Method Flowing down	
hereby certify that the and that the informal wledge and belief.	he rules of lation gives	the Oil Con above is the	nic and comple	sion have been the to the best o	complied f my	Approved	<u></u> (	RIGIT	SERVATION SERVATION SIGNED SERVICE SER	ON DIVI		
	Such		Q			Title:						
	ing A	sstnt		· · · · · · · · · · · · · · · · · · ·		Approval I	Pate:				0.0004	
10/02/0				516-1100					<del></del>	OCT 2	9 2001	
f this is a change of	operator	fill in the (	OGRID numb	er and name (	of the previ	ious operato	r					
Previo	us Operat	or Signatur	T.			Printed		<del></del>				

Printed Name

Title

## New Mexico Oil Conservation Division C-104 Instructions

F 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 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.

- 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.
- 3.

- 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 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 pool code for this pool 6.
- 7 The property code for this completion
- 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. If the 10.
- The bottom hole location of this completion 11.
- 12. Lease code from the following table:

  - State Fee Jicarilla
  - NNU
  - Navajo Ute Mountain Ute Other Indian Tribe
- 13. 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 gas transporter 14
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- 17. MO/DA/YR of the expiration of C-129 approval for this completion
- 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: 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 POO has my number the district office will assign a 23. number and write it here.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Exemple: "Battery A 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.
- 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
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 34 Number of sacks of cement used per casing string

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.

- 35. MO/DA/YR that new oil was first produced
- 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
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- Barrels of oil produced during the test 42.
- 43. Barrels of water produced during the test
- 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:
- Flowing Pumping Swabbin
  - 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 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.