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

District 7

811 Sout First, Artesia, NM 88210

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OIL CONSERVATION DIVISION

State of New Mexico
aergy, Minerals & Natural Resources Department

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

ict III	2040 South Pacheco
Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505
ict IV	Dana 10, 1111 07303

District IV	· · · · · · · · · · · · · · · · · · ·	E- NA 600	•	عما	na re,	14141 0	1303] AM	ENDED REPOR	
2040 South Pac I.				LLOWA	BLE A	ND A	UTHOR	TASE	ION TO T	RANS	PORT	ſ	
			•	ame and Addres	SS		***************************************				ID Numi	ber	
Bristol Resources Corporation 6655 S. Lewis - Ste 200								002894					
Tulsa, OK 74136								Reason for Filing Code CH - Effective 1/1/97					
1 A	LPI Number					⁵ Pool Nar	ne	····	CII -	Lilec		Pool Code	
30-015-20971 South Carlsbad Morrow (Prorated G								Gas)					
i i						Property N	ame		'Well Number			ell Number	
18292 II. ¹⁰ 9	Curtoso	Saik urface Location									001		
Ul or lot no.	Section	Township	Range	Lot.Idn	Feet fro	m the	North/Sc	outh Line	Feet from the	Fast/W	est line	County	
В	17	225	27E		99	90 North			1980	Eas		Eddy	
11]	11 Bottom Hole Location												
UL or lot no.	Section	Township	Range	Lot Idn	Feet fro	m the North/South line		outh line	Feet from the East/We		est line	County	
12 Lse Code	13 Produce	ing Method (Codo M.Coo	Connection Da	1 15	O 140 D							
P	rroage	uig Miethod C	ode Gas	Connection Da	te 13 (C-129 Pern	nit Number	, "	C-129 Effective	Date	17 C-	129 Expiration Date	
II. Oil a	nd Gas	Transpo	rters								L		
18 Transpor OGRID			Transporter	Transporter Name			DD	¹² POD ULSTR Location					
012852				and Address					and Description		on		
	P0	Box 22	256			28046		0					
00705		<u>chita,</u>		· · · · · · · · · · · · · · · · · · ·									
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	F]		TX 7997	'8			4-44-4		a EC	<u>siv</u>	F	<i>"</i>	
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						OIL CON. DIV.							
	ced Wa	ter									Zon	e PAA	
280460						²⁴ POD UI	STR Locati		escription		3	-10-96	
. Well C	Complet	ion Data				· · · · · · · · · · · · · · · · · · ·		*,					
¹⁸ Spud			²⁴ Ready Date ²⁷ TD				²¹ PBT	28 Perforations		³⁰ DHC, DC,MC			
			· · · · · · · · · · · · · · · · · · ·										
	1 Hole Size		32 Casing & Tubing Size			33 Depth Set			³⁴ Sacks Cement			Cement	
· · · · · · · · · · · · · · · · · · ·				·		_							
				······································									
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I. Well	Test Da	ta	<u></u>				 						
	¹⁸ Date New Oil ²⁴ Gas Delivery Da		elivery Date			x Test Length		" Tbg. Pressure		40 Csg. Pressure			
4													
4 Choke	Size	42	Oil	43 W	ater		44 Gas		45 AOI	F		" Test Method	
I hereby certify	that the rule	s of the Oil (Conservation Div	vision have been	complied								
vith and that the nowledge and be	information	given above is	s true and comp	lete to the best o	of my		OII	CON	SERVATI	ON D	IVISI	ON	
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tinled name: Lori Livingston						Title:		K)			
Production Supervisor						Approval Date:							
Phone: 918-492-7900							JAN 9 1997						
If this is a cha			e OGRID num	ber and name	of the prev	ious opera	tor						
#00087		Apache Apache Signa	Corporat	ion		D .	3 %!						
	Du	là	Ast I	1	Julia	Nort!	d Name	Sr Re	qulatorv	Titi Analy		Date 12/20/06	

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 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.
- 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 flequest for test allowable (Include volume requested)

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

- 4 The API number of this well
- 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.
- The bottom hole location of this completion 11.
- Lease code from the following table: 12.

Federal
State
Fee
Fee
Jicarilla
Avajo
Ute Mountain Ute
Cther Indian Tribe

13. The producing method code from the following table: Fowing Pumping or other artificial lift

- MO/DA/YR that this completion was first connected to a gas transporter
- 15.
- The permit number from the District approved C-129 for this completion
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- 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.
- 21. Product code from the following table: O Oil

G 15

- 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,
- 26. MO/DA/YR ::his 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 bottom.
- 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
- 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
- 39. 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
- 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:

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.