PO Drawer DD, Artesia, NM 88211-0719

District III

State of New Mexico
Energy, Minerals & Natural Resources Department RECEVED

Form C-104 Revised February 10, 199467

OIL CONSERVATION DIVISION

PO Box 2088
Santa Fe. NM 87504-2088

Submit to Appropriate District Office

5 Copies

RT

PO Box 2088, Santa F	e, NM 87504-20	88						O C, D.			ENDED RE
<u>I.</u>	REQUE	ST FOR	ALLOWA	BLE	AND A	UTHORI	ZAT	TON TOST			
Dinero Operating Company								¹ CGRID Number 006224			
P. O. Box Midland,							¹ Reason for Filing Code				
		702	·		····				R	C	
API Nui 30 - 0 15-2293	'Pool Name Dublin Ranch Atoka (Gas)						' Pool Code				
' Property	Property Name								76130		
003533			Big	Chie	ef Com.					•	004
II. 10 Surfa	nce Location			T =							
N 15	22S	Range 28E	Lot.Idn	,	from the	North/Sout South		Feet from the 1980	East/W Wes	est line St	County Eddy
	m Hole Lo	cation		<u>.</u>					<u> </u>		
UL or lot no. Section	L or lot no. Section Township		Range Lot Idn		from the	North/Sout	th line	Feet from the	East/West line		County
12 Lae Code 13 Pro	ducing Method (1	Connection Da 8-15-94	ile	14 C-129 Peru	ait Number		C-129 Effective I	ate	" C-	129 Expiration [
II. Oil and Ga	as Transpo	rters	···-								
Transporter OGRID		Transporter Name and Address			20 POD 21 O/G		¹ O/G	²² POD ULSTR Location			
017741	Pinnacle	Natural Gas Co.			0861130 G		G		and D	escriptio	<u> </u>
018053	Pride Pi	peline (Co.		086111		0				
		-				- Commence (1996)					
					V (
											
				28.	o Kon artino	recent As Al Same	1000 A				
7. Produced V	Vater								-71		
** POD	Valer				² POD UL	STR Location	and Des	cription		ID-	
. Well Compl	etion Data					······································		***		p	7-0
Spud Date			²⁴ Ready Date		" TD		" PBTD			29 Perforations	
M thele St	³⁴ Hole Size		-15-94		L2,690			700'		11,442 - 11.666'	
note St	Hole Size		31 Casing & Tubing Si			³³ Depth Set				33 Sacks Cement	
						· · · · · · · · · · · · · · · · · · ·					
					_	·					
											
. Well Test I											
Date New Oil	ı	M Gas Delivery Date 8-15-94		Date	" Test Leng			* Tbg. Press	ure	,,	Csg. Pressure
" Choke Size		011 011	8-15-		24	nours		2000#		0	
11/64	0		4 Water		1002			" AOF		" Test Method F	
±±/ U+		onservation Div	ision have been	complied		011 6					
hereby certify that the	rules of the Oil C	true and some	ata to the been	mv		- OII C	CONS	SERVATIO	NDD	JICIC	
hereby certify that the h and that the information wledge and belief.	on given above is	true and compl	ete to the best of	,							JN
hereby certify that the hand that the information whedge and belief. mature: Check	rules of the Oil C on given above is Le Willea	true and compl	ete to the best of		Approved			SOR, DISTA)N
hereby certify that the hand that the information will be lief. mature: Charled name: Charled name:	on given above is	true and comp	ete to the best of		Approved I						
hereby certify that the hand that the information wiledge and belief. mature: Charlet name: Charlet Producti	on given above is	irue and compl			ļ	oy: SUP2	ERVI.		CT i.		JN
hereby certify that the h and that the information wiledge and belief. Inted name: Char Char Production 9/6/94	clie William Super:	intenden	t /684-5544	+	Title:	oy: SUF ₂	ERVI.	SOR, DISTR	CT i.		JN
hereby certify that the hand that the information wiledge and belief. nature: Charlet name: Charlet name: Producti	clie William Super:	intenden	t /684-5544	+	Title:	oy: SUF ₂	ERVI.	SOR, DISTR	CT i.		JN

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

Improperly filled out or incomplete forms may be returned to operators 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. 2.
- 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

 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
- 5. The name of the pool for this completion
- 6 The pool code for this pool
- 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.
- 11. The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla
 N Navajo
 U Ute Mountain Ute
 Other Indian Tribe 12
- The producing method code from the following table: 13
 - Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14
- 15 The permit number from the District approved C-129 for this completion
- 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. 21.
- Product code from the following table: Oil Gas

- T's 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
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. 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
- 32. Depth of casing and tubing. If a casing liner show top and bottom.
- Number of sacks of cement used per casing string 33

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.

- 34. MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36.
- 37. 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
- Gas well calculated absolute open flow in MCF/D 44.
- 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.