Distric. I

PO Box 1980, Hobbs, NM 88241-1980

District II

State of New Mexico

Form C-104 Revised February 21, 1994 Instructions on back Submit to Appropriate District Office

5 Copies

PO Drawer DD, Artesia, NM 88211-8719 **OIL CONSERVATION DIVISION** PO Box 2088 Santa Fe, NM 87504-2088 1000 Rio Brazos Rd., Aztec, NM 87410 ☐ AMENDED REPORT District IV PO Box 2088, Santa Fe, NM 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address ¹ OGRID Number KIMLAR OIL COMPANY 016542 152098 824 S. Ave. C ³ Reason for Fling Code Kermit, Texas 79745 12-31-95 CH -API Number ⁵ Pool Name Pool Code Herradura Bend (Deleware) 30 - 0 15-23707 30655 1 Property Name ⁷ Property Code ' Well Number 18404 Gourley Federal 10 Surface Location Section Ul or lot no. Lot.ldn Feet from the North/South Line County 990 2270 South East Eddy 28E **22S** 11 Bottom Hole Location Lot Idn Feet from the North/South line UL or lot no. Township East/West line Feet from the 12 Lae Code 13 Producing Method Code 14 Gas Connection Date 15 C-129 Permit Number 14 C-129 Effective Date 17 C-129 Expiration Date Oil and Gas Transporters 21 O/G Transporter OGRID "Transporter Name » POD 2 POD ULSTR Location and A ldress and Description 2833 Koch Oil Company 2021710 I-31-22S-28E P.O. Box 1558 Breckenridge. IAN 24 1883 DIFT. 2 IV. Produced Water BOO a M POD ULSTR Location and Description 021150 Well Completion Data Spud Date 24 Ready Date * PBTD 29 Perforations " DIIC, DC,MC ³⁴ Hole Size 12 Casing & Tubing Size 33 Depth Set ³⁴ Sacks Cement led ID-3 VI. Well Test Data Date New Oil " Gas Delivery Date 36 Test Length " Test Date ⁴⁰ Cog. Pressure " The. Pressure 4 OI 45 Water " Gas 4 AOF * Test Method " Choke Size I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my **OIL CONSERVATION DIVISION** Approved by: SUPERVISOR, DISTRICT II Printed name: Llovd Hill Title: Approval Date: FEB _ 5 1996 0wner 1-18-96 Date: Phone: 915-586-6121

If this is a change of operator fill in the QGRID number and name of the p

Vetco

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, 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

 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. 3.

- 4 The API number of this well
- 5. The name of the pool for this completion
- ß 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. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table: Federal 12.
 - State Fee Jicarilla

 - Navajo Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table: Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14
- 15. The permit number from the Dietrict approved C-129 for this completion
- MO/DA/YR of the C-129 approval for this completion 18.
- 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.
- 21. Product code from the following table:
 O Oil
 G Gas
- 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.
- 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
- 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 29.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 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

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 35.
- MO/DA/YR that gas was first produced into a pipeline 36.
- 37. MO/DA/YR that the following test was completed
- 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:
 F Flowing
 P Pumping
 S Swabbing 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 47
- The previous operator's name, the signature, printed name, and title of the previous operator's representative suthorized to verify that the previous operator no longer operates this completion, and the data this report was signed by that person 48.