Natrict I PO Box 1988, Hobbs, NM 98241-1988 District II

State of New Mexico
Energy, Minerals & Natural Resources Department ECT ED

Form C-104 Revised February 10, 1994 Instructions on back

TO Drawer DD, Artenia, NM 88211-6719

OIL CONSERVATION DIVISION

Submit to	Appropriate	Distric	t Office
1			Copies

District III 1 000 Rio Brazo o	. Pd Ada	NIM 97418			O Box		2000	CED	19.'94		5 Copie	
District IV	, <i></i> ,	Mar elete		Santa Fo	e, NM	8/304	-2088				AMENDED REPORT	
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Operator name and Address					¹ OGRID Number							
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The Woodlands, Texas 77387-4					7387-4	4000				Resson for Filing Code		
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• /	PI Number				, b	ool Name					' Pool Code	
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' P:	roperty Code				¹ Pro	¹ Property Name				' Well Number		
14978			Corral Fly "35" Fed Com				. 1					
II. 10	Surface	Location	1									
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III. Oil a	nd Gas	Transno			l			<u>l</u>				
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OGRID			and Address					0			eription	
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Z	=											
	M Hole Size		31 C	ssing & Tubing	g Size).	Depth Se	et .		³³ Sacks Cement	
			_									
	Test D	ata										
M Date	New Oil	™ Gas	Delivery Date	> Tes	t Date		" Test L	ength	M Tog. P	ressure	³⁷ Cag. Pressure	
" Cho	ke Size	T	41 Oil	42 W	Vater		4 G	.9	" A	OF	" Test Method	
" I hereby cer	tify that the r	ules of the O	il Conservation Di	vision have been	a complied				 		<u>'</u>	
with and that knowledge an		n given abov	e is true and comp	lete to the best	of my		O		NSERVAT			
Signature: Slonge Mullen						Approved by: SUPERVISOR, DISTRICT II						
	Jesser Land	y USC	1/m	llen				•		-1011(([]	1/1	
Printed name:	Georg	e Mulle	en			Title:			<u></u>			
Title: Regulatory Affairs Specialist							Date:	2	EP 2 U 19	94		
_	16-94			713)377-5	5855	1			e v v iJ	4.J		
		erator fill in	the OGRID num			ious area	uor					
			=4B		o. are prev	upor						
	Previous	Operator Sig	gnature			Print	ed Name			Tiu	e Date	

New Mexico Oli Conservation Division C-104 Instructions

22.

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.

- 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

 AO Add oil/condensate transporter

 CO Change oil/condensate transporter

AG CG RT

New Well
Recompletion
Change of Operator
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
Request for test allowable (Include volume requested)
Other teason write that reason in this how

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

S

State Fee Jicarilla

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 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.
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product

100 000 000

- 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.

Oil 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.) 23.
- 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 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 openhols 29.
- 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
- 33. Number of sacks of cament 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.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- 39. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 40 Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- Barrels of water produced during the test 42.
- 43. MCF of gas produced during the test
- 44 Gas well calculated absolute open flow in MCF/D
- 45 The method used to test the well:

Flowing Pumping Swabbing

If other method ple ase 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.