District I PO Box 1986, Hobbs, NM 88241-1988

District II

NO Drawer DD, Artesia, NM 88211-0719

District III 1000 Rio Brams Rd., Astec, NM 87410

State of New Mexico

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

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088
Submit to Appropriate District Office
5 Copies

istrict IV O Bax 2008, S	anta Fe,	NM 87	504-2 000			•	-	PA	2000		□ A	MENDED REPOR	
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			e Wood	dlands, Texas 77387-400				OIL CON. DIV.			AO		
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013406					"25" FED COM				2				
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UL or lot no.			Ole LOC Cowaship	Range	Lot Ida	Feet from	the	North/South line		Feet from the	East/West li	ne County	
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		Data											
³⁴ Date New Oil			™ Gas I	Delivery Date	™ Test Date		¹⁷ Test Length		ngth	M Tog. Pressure		³⁹ Cag. Pressure	
⁴⁰ Choke Size			4 Oil		4 Water		43 Gas		4 AOF		4 Test Method		
	he infon			Conservation I				O	IL CO	NSERVAT	ION DIV	'ISION	
Signature: Storge Mulle								Approved by: ORIGINAL SIGNED BY TIM W. GUM DISTRICT IN SUPERVISOR					
Printed name: George Mullen								Title:					
Title: Regulatory Affairs Specialist							Approval Date: JUL 8 1996 -						
Date:	7-01				(713)377								
" If this is a	change	of opera	tor fill in	the OGRID nu	mber and nam	e of the prev	ious oper	stor	_	_			
	Prev	ious Op	erator Sig	nature			Print	ed Name		· · · · · · · · · · · · · · · · · · ·	Title	Date	

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 bar

A request for allowable for a hewly 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

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 hox

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
- 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 State Fee

Jicarilla Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table:
 F Flowing
 P Pumping or other artificial lift 13.
- 14. MO/DA/YR that this completion was first connected to a gas transporter
- 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
- Name and address of the transporter of the product 19.
- 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:
 O Oil
 G Gas 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 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.)
- MO/DA/YR drilling commenced 25.
- 26. MO/DA/YR this completion was ready to produce
- 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
- 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. 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.
- 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
- MCF of gas produced during the test 43.
- 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.