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

District II

811 South First, Artesia, NM 88210 District III

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

OIL CONSERVATION DIVISION

State of New Mexico
Energy, Minerals & Natural Resources Department

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2040 South Paci										<u> </u>		NDED REPORT	
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i e	), Texas	79702						Ī	,	Reason fo	r Filing	Code	
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	Dr. Maria	<del></del>			<del></del>								
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UL or lot no.	Section	Township	Rang:	Lot Idn	Feet from	n the	North/Sou	uth line	Feet from the	East/W	est line	County	
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12 Lse Code	13 Produci	ng Method Code	14 Gas	Connection Date	" C	-129 Perm	it Number	10	C-129 Effective	Date	17 C-1	129 Expiration Date	
S		P	10/0	9/98						/		•	
III. Oil a	nd Gas '	Transporte	rs		<del>-                                    </del>								
12 Transpor			ansporter !	Neme	<del></del>	≫ PO	n	<sup>21</sup> O/G	<del></del>				
OGRID			and Acdre			10	<b>ا</b>	O/G	•	POD UL			
015694		NAVAJO REFI	NING	· · · · · · · · · · · · · · · · · · ·	28	2815733 0			and Description G-30-23S-27E				
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		ARTESIA, N	M 88210	0		*					•		
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V. Well (	Complet									<u> </u>		<u> 2</u>	
		ion Data											
RECOMPLETION			Ready Date "TD * PBTD			D	1						
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	11 Hole Size		n (	Casing & Tubing	Size		'n	Depth Se	4		N Sact	s Cement	
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VI. Well	Test Da	ta .	······································					····	<u></u>				
3 Date N		<sup>34</sup> Gas Deliv	or Data	7.0									
Date 11	01	GES DELIV	ery Ditte	" Test	Date	ļ	* Test Len	gth	· " Tbg. P	ressure		" Csg. Pressure	
			-								1.		
, "Choke	e Size	40	Ü	" W	ater		" Gas		"AC	)F		" Test Method	
<sup>er</sup> I he <del>rc</del> oy certi	fy that the ru	les of the Oil Cor	servation D	ivision have been	complied						٠	<u> </u>	
with and that the knowledge and	e information	given above is tr	ue and com	plete to the best o	f my		OII		NSERVAT.	ION D	PIVIS	ION	
Signature:		1	1			,							
	Son	alher	<u> </u>	ran		Approve	a by:	RIGIN	IAL SIGNED	BY TI	4 W. G	SUM A	
Printed name:	DOROTHE	A LOGAN	_)7			Title:		HSTRI	<del>ct II supe</del> r	<b>MISOR</b>		VILA	
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Dates		DRY ANALYST	-	<del></del>		Approva	Date:	<u> 3.</u>	12.33			<del></del>	
Date:		13, 1998		15) 684-7441					<u>&gt;</u>	-			
" If this is a c	hange of ope	rator fill in the	OGRII) nu	mber and name	of the pre-	rious open	tor						
<u> </u>					•	•							
1													
<b>,</b>	Previous C	perator Signatus	Le	•		Printe	d Name			700	de :	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 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.

separate C-104 must be filed for each pool in a multiple A separate 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 Request for test allowable (Include volume requested)

If for any other reason write that reason in this how

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

- 4. The API number of this well
- The name of the pool for this completion 5.
- 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.
- 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.

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

16.

- 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", "to 1 24. well comple (Example: " Tank",etc.)
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this 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.

- 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
- 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
- 37. MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- 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
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.