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

District II

811 South First, Artesia, NM 88210

District III

Previous Operator Signature

OIL CONSERVATION DIVISION

State of New Mexico
nergy, Minerals & Natural Resources Department

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

1000 Rio Brazos	s Rd., Aztec	, NM 87410			NM 87505				Copies				
District TV 2040 South Pac	haan Santa	F. NM 975	ne		,						] AMI	ENDED RE	PORT
[				LLOWAI	BLE AN	ND AU	THOR	TASE	ION TO TI	RANSI	PORT	•	
				ame and Addres						<sup>1</sup> OGRID Number			
Southwestern Energy Production Company									148111				
5600 N	. May -	- Suite	200				3 Reason for Filing Code						
0k1aho	ma City	y, OK	73112	N				1					
' API Number							:		I		•	Pool Code	
30 - 015-	28927		Herradu	re, East				30670					
¹ Pr	operty Code	:	<sup>2</sup> Property Name						* Well Number				
199	62		H.F. "12" Federal							2			
	Surface	Location	n							<del>!</del> -			
Ul or lot no.	Section				Feet from					East/W	est line	County	,
G 12 23S		28E 2030			North			1980	East		Eddy		
<sup>11</sup> I	Bottom :	Hole Lo								·			
UL or lot no. Section To		Township	Range	Lot Idn	Feet from the		North/South line		Feet from the	East/W	est line	County	y
				<u> </u>									
1		ng Method (		<sup>14</sup> Gas Connection Date		15 C-129 Perm			C-129 Effective	Date	" C-	129 Expiration	Date
F P Not connected													
II. Oil ai				<del> </del>					·				
" Transpor OGRID	rter		Transporter and Addre	POD <sup>11</sup> O/G									
22507 Texaco Ti			rading &	0100	101		and Description						
			rthchase	8187	10	0	(G) Sec. 12-23S-28E · H.F. "12" Federal #2 Battery						
Houston, TX 77060													
4.0										DECEMED			
					2888						U W L	5 <u>[J)</u>	
								V					
***				77.77			FEB <b>2 5 1997</b>						
							-						
									OIL CON. DIV.				
V. Produced Water									DIST 2				
POD POD ULSTR Location and Description													
2818	797					10000	JIN LOCE	HOU BING E	rescription			5-14-9	'7
Well C	Complet	ion Data	<u> </u>	· <del></del>	<del></del>			<del></del>	······································			comp	
			Ready Date "TD				™ PB'	m	29 Perforations		<del>, ,</del>	/	
8/28/96		2/22	2/97	653	6538'				6298'-62				Ľ
31 Hole Size			32 Casing & Tu		Tubing Size		33 Depth Set					34 Sucks Cement	
11"			8-5/	530			225 sx. "C"						
7-7/8"		-	5-1/2"			6538'					x. "C" w/50-50		
·													
	<del></del>	· · ·	0.71	0.11				0.1		oz. T	ail v	v/430 sx.	''Н
I. Well	Test Da	<u> </u>	2-7/	8"	<del></del> -		615	9'					
B Date Ne			Delivery Date	17 To.	st Date	<u> </u>	* Test Le						
2/21/97		Not Connected		2/22/9				_	" Tbg. Pi	essure			•
41 Choke Size		4 Oil			4 Water		24 Hrs.		0		8		
Pumping			45 293			" Gas TSTM			<sup>4</sup> AOF NA		P1,m	" Test Method	1
'I hereby certif	y that the rul	les of the Oil	Conservation I	Division have been	n complied		TSTM NA Pumping						
with and that the	information	given above	is true and con	plete to the best	of my		OI	L CO	NSERVAT	ם אטו	IVIC	(ON	
cnowledge and b	Alici.			OIL CONSERVATION DIVISION  Approved by: ORGINAL SIGNED BY TIM W. GUM									
Printed name:	7		-	DISTRICT II SUPERVISOR									
Plate		A. Kisl	ing	Title:									
· · · · · · · · · · · · · · · · · · ·	Prod. S	Supt.		Approval	Approval Date: FEB 2 2 1997								
Date: 2/24			Phone: (4										
" If this is a ch	ange of ope	rator fill in t	the OGRID nu	mber and name	of the prev	ious opera	tor						==

Printed Name

Title

Date

## 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 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 3.

- RC CH AO CO Change of Operator (Include the effective date.)
  Add oil/condensate transporter
  Change oil/condensate transporter

Add gas transporter
Change gas transporter
Request for test allowable (include volume requested) AG CG RT

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

- The API number of this well 4
- The name of the pool for this completion
- The pool code for this pool 6.
- The property code for this completion
- The property name (well name) for this completion 8.
- 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:
  F Federal
  S State
  P Fee
  J Jicarilla 12.

SPJZU

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table:  $\underline{\underline{F}}$  Flowing 13.

Pumping or other artificial lift

- MO/DA/YR that this completion was first connected to a gas transporter 14.
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- 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
- 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

- 22. 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.)
- The POD number of the storage from which water is moved from this property. If this is a new well or recomplation 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
- 26. 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.

- 31. inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 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.

- MO/DA/YR that new oil was first produced 35.
- 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
- 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
- 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.