District I PO Box 1980, Hobbs, NM 88241-1980 State of New Mexico Minerals & Natural Resources De

NASH DRAW; BRUSHY CANYON

Feet from the

1650

Feet from the

GR "30" STATE

Lot Ida

Lot Idn

11/14/96

Operator name and Address

District II 811 South First, Artesia, NM 88210

District III

I.

II.

Ul or lot no.

1000 Rio Brazos Rd., Aztec. NM 87410

District IV

MARALO, INC. P. O. BOX 832

'API Number

Property Code

Section

10 Surface Location

Township

235

11 Bottom Hole Location

13 Producing Method Code

Oil and Gas Transporters

Range

Range

19 Transporter Name

and Address

NAVAJO REFINING COMPANY

8085 S. CHESTER ST. SUITE 114

501 EAST MAIN ST.

ARTESIA, NM 88210 HIGHLANDS GAS CORP

ENGLEWOOD, CO 80112

Previous Operator Signature

30 - 015-28931

16594

UL or lot no. Section

Transporter OGRID

* * * * * *

015694

139633

12 Lse Code

MIDLAND, TX 79707

2040 South Pacheco, Santa Fe, NM 87505

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

5 Pool Name

Property Name

15 C-129 Permit Number

» POD

2814876 75

2814875 76

North/South Line

North/South line

31 O/G

0

G

NORTH

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office 5 Copies AMENDED REPORT. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OGRID Number 014007 Reason for Filing Code * Pool Code -96035 475US 2' Well Number Fast/West line Feet from the County 2310 WEST **EDDY** Feet from the East/West line County " C-129 Effective Date 17 C-129 Expiration Date 12 POD ULSTR Location and Description C-30-23S-30E GR "30" STATE #1 C-30-23S-30E GR "30" STATE #1 NOV 1 8 1996

Title

Date

IV. Produced War	ter				JN. DIV.	
³ POD 2814877	C-30-23S-30E	POD ULSTR Location and Description				
V. Well Completi	on Data				1-2-16	
³ Spud Date 09/14/96	* Ready Date 11/07/96	7400 °	* PBTD	**Perforations 6588 - 6597 *	* DHC, DC,MC	
31 Hole Size 33 Casing &		ng & Tubing Size	ubing Size ¹³ Depth Set		[™] Sacks Cement	
		3-3/8"	357 '	400 SXS		
12-1/4"	12-1/4" 8-		5/8" 3100'		900 SXS HAL LT + 250 PREM	
7-7/8" 5-:		5-1/2"	7400		1250 SXS 50/50 POZ A	
VI. Well Test Dat	a			•		

" Date New Oil M Gas Delivery Date " Test Date " Test Length " Tbg. Pressure " Cag. Pressure 11/07/96 11/14/96 11/09/96 24 HRS. 80 PSI , " Choke Size 4 OII 4 Water " Gas # AOP " Test Method 30/64* 90 166 140 FLOWING ⁴⁷ 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 knowledge and belief. Signature: Approved by: elhe ORIGINAL SIGNED BY TIM W CUM Printed name: Title: DOROTHEA LOGAN DISTRICT II SUPERVISOR Tide: Approval Date: REGULATORY ANALYST NOV 25 1996 Date: Phone: (915) 684-7441 11/15/96 If this is a change of operator fill in the OGRID number and name of the previous operator

Printed Name

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 3.

or filing code from the following table:
New Well
Recompletion
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)
Other research wide that reason in this how

NW RC CH CO CA CG RT

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

- 4. The API number of this weil
- 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.
- 11. The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla 12.

Navajo Ute Mountain Ute

Other Indian Tril

- 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 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
- 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.
- 21. Product code from the following table:

- 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", "to be a second to the population of the POD (Example: "Battery A Water Tank") and the population of this POD if it is different from the well completely and the population of this POD if it is different from the well completely and the population of the population o 24.
- 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
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 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
- 33. 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 well 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.

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