District ! PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Instructions on back Submit to Appropriate District Office 5 Copies

District 'I 811 South First, Artesia, NM 88210

OIL CONSERVATION DIVISION 2040 South Pacheco

District III

1000 Ric Brazos	s Rd., Arte	c, NM 87410				e, NM 87								
District IV 2040 South Pack		n Fc. NN1 87505										NDED REPORT		
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HS Res	ources	:. Inc.	Operator na	ime and Address	:				,	OGRID Number				
HS Resources, Inc. 6666 S. Sheridan, Ste 250										/ 55567				
Tulsa, Ok 74133											ctive 7/01/96			
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·· Chok	- Ci-a		****											
·· Choke Size			Oil Water			44 Gas			" AO	AOF		" Test Method		
1 hereby certi	ify that the t	rules of the Oil (Conservation I	Division have bee	n com	nlied					<u></u>			
with and that the knowledge and	oe informatio	on given above is	s true and com	nplete to the best	of my		OII		NSERVATI					
Signature:	W. \	9-03	100	~- ²	ed by:		ORIGINAL SE							
Printed name	Z (Johnson	347111	<u>or</u>		Title:	DISTRICT II SUPERVISOR Title:							
T:	duction													
Date 6-11		1 1601	Phone 9	918/488-8	062	ll i	Approval Date: JUL 2.3 1996				JUN 2 7 1996			
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023067	S.	Lelko	ande		: Of the		r stor Johnson	n	Prora	tion /	Ana1	yst 6/11/96		
	Previous	Aperator Signa	n Ce			Print	ed Name			Titl	le	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.

- Operator's name and address 1.
- 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 (Include the effective date.)

 AO Add oil/condensate transporter

 CO Change oil/condensate transporter

 Add das transporter AG CG RT Add gas transporter
 Change gas transporter
 Request for test allowable (include volume requested) 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 5
- The pool code for this pool
- 7. The property code for this completion
- 8 The property name (well name) for this completion
- The well number for this completion 9.
- 10. The surface location of this completion NOTE: If the United States poternment survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. If the
- 11. The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla 12.
 - UNL Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table:
 F Flowing
 P Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a 14. gas transporter
- 15. The permit number from the District approved C-129 for this completion
- 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 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: Oil Gas OG
- The ULSTP 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.
- 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
- 2€. 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 "CHC" 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.
- 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
- MO/DA/YR that gas was first produced into a pipeline 36
- 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: 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 wasigned, 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.