REJEIVED

District I PO Box 1980, Hobbs, NM \$2241-1980

State of New Mexico SEP 0 5 1996
Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994

	PO Drawer D District III 1000 Rio Bras		OI	Р	O ROX 20	VATION DIVERNAL BOX 2088 NM 87504-2088			CON.sDIW.Appi DIST. 2			Instructions on bac ropriate District Offic 5 Copie			
	District IV PO Box 2088,	Santa Es. N	VD 4 97504 34			Ourita 1 C	-, 141 41 07.	204-2000				□ AN	SENDED R	EPORT	
	I.				R AT.	LOWARI	FAND	A TITTUCE	ን የማ አ ግ	ETON TO	J 2000			or or i	
	I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address Operator name and Operator name a														
	GREAT WESTERN DRILLING COMPANY									009338					
	P.O. BOX 1659 MIDLAND, TEXAS 79702									Reason for Filing Code					
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							•			RC				
Ì	'API Number						Pool N	J		,					
	30-0 ₁₅₋₂₅₂₆₀ WILDOM						\mathcal{H}_{-} $\widetilde{\mathcal{H}}_{-}$	- Hall 1.1.1C				0	Pool Code		
Ì	¹ Property Code				WIL	TON'T	ay 1101	Y //O/OU) U/O/TC			$am\rho$		76601		
1	17171				HAY HOLLOW 25 STATE						Well Number				
1	II. 10	Locatio	<u> </u>								<u> </u>	1			
	II. 10 Surface Location Ul or lot no. Section Township						and Command the	t from the North/South Line		15					
			'					North/South Line		1		ast/West line	County		
L	G 11)	2.5	25S	27	E	·	1980	NORTH		2310		AST	EDDY		
Г	III on let me		Hole L												
- 1	G 2.5		Townshi 25S			f	cot from the			Feet from		ast/West line	County		
-	12 Lee Code	2.5		27			1980	NORTH		2310		AST,	EDDY		
	1			Code 1" C	14 Gas Connection		12 C-129 Per	mit Number	A Number 1		tive Date	" C-1	129 Expiration Date		
	S	F					NONE						· · · · · · · · · · · · · · · · · · ·	-	
11	I. Oil ar	id Gas		rters "Transport											
	OGRID	Transporter OGRID					" PC	POD "O/G			" POD ULSTR Location				
	6001	72.7	DACC		and Address					and Description]	
6991 EL PASO			NATU.	NATURAL GAS			843230 G								
	4														
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***	Transfer to														
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							<u> </u>								
	631														
		T										P	ton.		
IV	. Produc	ed Wate	er				· · · · · · · · · · · · · · · · · · ·						1 - N-2		
" POD						" POD UL	ription 9-27			2796					
<u></u>										,		. 4	comp		
<u>V.</u>	Well Co	mpletio	n Data												
	¹¹ Spud Date			14 Ready Date			" TD	" TD		" PBTD		1	29 79 6		
				1/27/96			2,455	.455		605			2º Perforations		
	Hole Size			11 Casing & Tubing Size				¹¹ Depth Set		, 0 , 3			,065-11,069		
	17 1/2			13 3,		61#					33 Sacks Cement			_]	
	12 1/4			9 5,		36#		550'			350 HLC & 200 Class C				
					0						1200 HLC & 350 Class				
 	8 1/2			7		23#		10,420			850 HLC & 500 Class (
<u></u>	5 1/2 CIBP Set \$ 11,695 w/4 sx cm						mt on t	nt on top			330 1120 0 300 01418.				
VI.	Well Te	st Data								<u>-</u>				_]	
	Date New Oil "Gas Deliv						27	" Test Length			* Thg. Pressure * Cap Pressure				
	" Choke Size					8/16/96		12					" Csg. Pressure		
			" C	il		4 Water		" Gu	Gu		940 "AOF		0		
	16/64 5			12				805		ľ			" Test Method		
"I he	reby certify the	it the rules o	f the Oil Co	servation Di	vision ha		4			1610		Vent	ed		
	"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 knowledge and beflef.							OIL CONSERVATION DIVISION							
	Signature:														
Printer	Printed asser:							DISTRICT II SUPERMORE							
Title:	GINA HOWARD Tide: PRODUCTION TECHNICIAN						Tille:	Tille:							
Due:						Approval Da	Approval Date: SEP 6 1906								
Date:	Date: 9/3/96 Phone: (915) 682-5241							SEP 6 1996							

Printed Name

Title

" If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

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.

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 filling 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 box.

- 4. The API number of this well
- 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
 N Navajo
 U Ute Mountain Ute
 I Other Indian Tribe 12.

- 13. The producing method code from the following table: Flowing
 Pumping or other artificial lift
- 14. MO/DA/YR that this completion was first connected to a
- 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
- 17. MO/DA/YR of the expiration of C-129 approval for this
- 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.
- 21. Product code from the following table:
 O Oil
 - Gas

- 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 24. well comple (Example: "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
- Top and bottom perforation in this completion or casing shoe and TD if openhols 29.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom, $% \left(1\right) =\left(1\right) \left(1\right)$ 32.
- 33. 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.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed 36.
- 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
- Barrele of oil produced during the test 41.
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- 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.