RICT I

. Box 1980, Hobbs, NM 88240

<u> FRICT II</u>

I S. 1st Street, Artesia, NM 88210-2834

STRICT III

000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P. O. Box 2088 Santa Fe, New Mexico 87504-2088

State of New Mexico

Energy, Minerals and Natural Resources Department

Revised February 21, 19

Instructions on Back Submit to Appropriate District Office

5 Copies

ISTRICT IV O Box 2088, Sa	nta Fe. NM 8750	14-2088						AMENDED	REPORT	
	REC	UEST FO	OR ALL	OWABL	E AND AUT	HORIZATIO	N TO TRANSPO	ORTRID Number		
		1. Operato	or Name and	Address	ILID	ENI	Δ 2.09	01801		
	P. O. Box 2760	s Production C	company	יוטל	ILID	ENT		n for Filing Code		
	Midland, Texas	79702-2760					NW			
4.		5. Pool Na			i Name			ode		
-015-28180			Poker Lake (Delaware), SW						96047 9. Well Number	
7.	Property Code		8. Property			erty Name	y Name		115	
01796			F	oker Lake U	<u>nit</u>					
ı	10. Surface			1	Continue the	North/South line	Feet from the	East/West line	County	
l or Lot No.	Section	Township	Range	Lot. Idn	Feet from the 660	North	1980	West	Eddy	
<u> </u>	11. Bottom	248	30E	1		140.4.				
l or Lot No.	Section Section	Township	Range	Lot. Idn	Feet from the	North/South line	Feet from the	East/West line	County	
2. Lse Code	13. Producing	Method Code	14. Gas Con	nection Date	15. C-129 P	ermit Number	16. C-129 Effective Date	17. C-129 Exp	ration Date	
z. Lse Code S	P. Ploddollig			9/96	_					
<u>s</u> II.	Oil and Gas	s Transport			20. POD			III OTO La-Ala-		
18. Transporter		19. Transporter Name				21. O/G	22. POD	22. POD ULSTR Location and Description		
OGRID	ļ	and Addr EOTT Energy			2813322	-	and Description			
037480	037480 EOTT Energ						Unit Letter G			
	Н	ouston, Texas	77210-4666	;			Section	25, T24S-R30E		
			n Gas Co 2813323			G				
020809		Sid Richardson Gas Co. 201 Main Street				Ĭ	Unit Letter C			
Fort Worth, T							Section	on 25, T24S-R30E		
							<u> </u>			
							folia vetos ares kieles	ew. Harw		
								*** *** *** *** *** *** *** *** *** **		
IV.	Produced '	Water								
23. POD	1 1000000	TTUCO			24. POD ULSTR	Location and Descr	iption			
2813324		Unit Letter G,	Section 25,	T24S-R30E						
V.	Well Com	oletion Data	1					T		
25. Spud Date		26. Ready Date		27. TD	28. PBTD	1	Perforations			
4/9/96		6/28/96		8150'	8030		2-12, 7809-19'			
31. Hole Size 32.		32. Cas	Casing and Tubing Size		33. Depth Set		34. Sacks Cement 500 sx Class C			
14-3/4"		11-3/4"			792'		2800 sx Class C			
7-7/8"		5-1/2"			8144'		2000 3X 01000 11, 0			
									<u>-</u>	
	Well Test	Data		<u> </u>	J		<u> </u>			
35. Date New Oil		36. Gas Delivery Date		37. Test Date		38. Test Length	39. Tubing Pressure	40. Csg	Pressure	
7/2/96 41. Choke Size		7/2/96 42. Oil		7/2/96 43. Water		44. Gas	45. AOF		t Method	
		11:		21		234	<u></u>		# <u></u>	
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 knowledge and belief.						ORIGINAL SIGNED BY TIM W. GUM				
Signature:	Janu .	4. WL	lber	P916	976186	Approved by:	DISTRICT II SUP	ERVISOR		
Printed Name:	Tami L. Wilb	er				Title:	3			
Title: Production Clerk						Approval Date:	AUG 16	996		
Dete			Phone: (915) 683-2277							
Date: 48. If this is a					of the previous op	erator.				
	Previous Op	erator Signatur	·e		Printed Name		Title		Date	

New Mexico Oil Conservation Division C-104 Instruction

1

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 psi 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 request 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 rators 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: 3.

New Well RC

Recompletion

Change of Operator (Include the effective date)
Add oil/condensate transporter

CH AO CO Change oil/condensate transporter
Add gas transporter

AG CG RT

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.
- The name of the pool for this completion 5.
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (wellname) for this completion
- 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 COD unit letter.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table

Federal State S

Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table:

Flowin Pumping or other artificial lift

gas transporter

14. MO/DAYR that this completion was first connected to a

15. The permit number from District approved C-129 for this

- 16. MO/DAYR 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
- 20. 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.
- 21. Product code from the following table:

- The ULSTR location of this POD if it is different from the well completion location and 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 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", etc.)
- 25. MO/DAYR 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.
- 30. 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 wellbore, or "MC if there are more than three non-commingled completions in this well bore

- 31. Inside diameter of the wellbore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and bottom
- 34. 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

- 35. MO/DA/YR hat new oil was first produced
- 36. MO/DAYR that gas was first produced into a pipeline
- 37. MO/DA/YR that the following test was completed
 - 38. Length in hour of the test
 - 39. Flowing tubing pressure oil wells Shut-in tubing pressure gas wells
 - 40. Flowing casing pressure oil wells Shut-in casing pressure gas wells
 - 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:

Flowing

Pumping Swabbing If other method please write in

47. 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.

48. 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.