District I

PO Box 1980, Hobbs, NM 88241-1980

District II

PO Drawer DD, Artesia, NM 88211-0719

Previous Operator Signature

District III

OIL CONSERVATION DIVISION PO Box 2088

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0151	Form C-104
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Submit∕no A	ppropriate District Office
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State of New Mexico nergy, Minerals & Natural Resources Department

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AMENDED REPO	T

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Operator name and Address											036		34	
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	i, TX 7								ļ		NW			
4 A	PI Number	2 011 10			·	/ .5	Pool Name		1			· P	Pool Code	
30 - 0-25-33003 015-28680 Wildeat S. Sulphate							1)rai	UD.	elaw	are 96456				
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II. 10 S	Surface	Location Township	Range	Lot.	Idn Fa	et from	the	North/Sc	outh Line	Feet from the	Fost/M	Vest line	County	
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UL or lot no.	Section 1	Township	Range	Lot	Idn F	eet from	n the	North/S	outh line	Feet from the	East/W	Vest line	County	
H	3	25s	27E		1 1	980		Nor	th	660	East		Eddy	
12 Lae Code	13 Producin	g Method Co		Conn	ection Date		129 Permi			C-129 Effective			29 Expiration Date	
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	31 Hole Size		" (Casing	& Tubing Siz	r.c	¹³ Depth Set					™ Sack	34 Sacks Cement	
·	17-1/2			13-3	3/8				626	590 sx Prem Plus				
	12-1/4			8-5	5/8				2200	1000 sx Prem Plus				
	7-7/8			5-1	1/2		5892			460 sx 50/50 Poz			50 Poz	
												Po	nt IP-2	
	Test Da	ta										1	-26-86	
" Date N	ew Oil	¹⁴ Gas De	livery Date		" Test Da	ale		" Test læ	ngth	" Thg. I	ressure	0	Cag. Pressure	
	11/17/95 N/A 11/23/ "Choke Size "Oil "Water						160			206				
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with and that th	e information							Ol	IL CO	NSERVAT	I NOI	DIVISI	ION	
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Jeff Phillips Title:						Approval Date:								
Production Manager							JAN 2 6 1996							
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Printed Name

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Date

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHARACT 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. 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. NCHOCAGE CACCET 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)

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

- 1 The API number of this well
 - The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion

The property name (well name) for this completion

- ġ. 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
- 12. Lease code from the following table:
 - Federal State

14.

- State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe
- 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
- The permit number from the District approved C-129 for this completion 15.
- 6. MO/DA/YR of the C-129 approval for this completion
- 17. MO/DA/YR of the expiration of C-129 approval for this completion
- 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 21.

- 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", 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
- 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. 29.
- 30. Top and bottom perforation in this completion or casing shoe and TD if openhole

- 31. Insideneter of the well bore
- Outside diameter of the casing and tubing 32.
- Depth of casing and tubing. If a casing liner show top and bottom. The state of
 - 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 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 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
- 46. The method used to test the well: 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.