## District I

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

811 S. 1st Street, Artesia, NM 88210-2834 District III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, NM 87504-2088 Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

5 Copies

| 1000 Rio Brazos R<br>District IV<br>PO Box 2088, San |                                |   |  | Santa                                 | Fe, NN                        | <b>A 8750</b> 4       | l-2088        |  |                                       |                              | AME              | NDED REPORT                         |  |
|--|--------------------------------|---|--|---------------------------------------|-------------------------------|-----------------------|---------------|--|---------------------------------------|------------------------------|------------------|-------------------------------------|--|
| Ι.   |                                |   | FOR A                                  | LLOWA                                 | BLE A                         | AND A                 | UTHOR         | IZAT                                     | TON TO T                              | RANS                         | PORT             | •                                   |  |
|  |                                |   | ator name an                           |                                       |                               |                       |               |  |                                       | OGRID N                      |                  |                                     |  |
| Meridian Oil Inc.                                    |                                |   |  |                                       |                               |                       |               |  |                                       | 26485                        |                  |                                     |  |
| P.O. Box 5   |                                | 1010  |  |                                       | 3                             |                       |               |  | Reason for Filing Code                |                              |                  |                                     |  |
| Midland, T   |                                | 5 Pool Name   |  |                                       |                               | New Well  6 Pool Code |               |  |                                       |                              |                  |                                     |  |
| 20   | A1E 2076                       |   |  |                                       |                               |                       |               |  |                                       | 96453                        |                  |                                     |  |
|  | 015-2876<br>operty Code        | 8   | Phantom Draw Delaware  8 Property Name |                                       |                               |                       |               |  |                                       | 90433<br>9 Well Number       |                  |                                     |  |
|  | 18300                          |   | Inkling '8' Federal                    |                                       |                               |                       |               |  |                                       | # 1                          |                  |                                     |  |
| II. 10   | <sup>10</sup> Surface Location |   |  |                                       |                               |                       |               |  |                                       |                              |                  |                                     |  |
| UL or lot no.  | Section                        | Township  | Range                                  | Lot. Idn                              | Feet f                        | rom the               | North/Sou     | th Line                                  | Feet from the                         | East/W                       | Vest line County |                                     |  |
|  | 08                             | 265   | 31E                                    |                                       | 1                             | L680'                 | Sou           | th                                       | 1980'                                 | <u>Ea</u>                    | ast Eddy         |                                     |  |
|  | Bottom                         | Hole Loc  |  | T                                     | T =                           |                       | - 1 /g        | .1.7.                                    | <u> </u>                              | om the East/West line County |                  |                                     |  |
| UL or lot no.  | Section                        | Township  | Range                                  | Lot. Idn                              | Feet 1                        | from the              | North/Sou     | th Line                                  | Feet from the                         | East/V                       | Vest line        | County                              |  |
| 12 Lse Code  | se Code 13 Producing Method    |   | ode 14 Gas Connection I                |                                       | te 15 C-129 Pi                |                       | rmit Number 1 |  | C-129 Effectiv                        | 29 Effective Date            |                  | <sup>17</sup> C-129 Expiration Date |  |
| Federal  | S                              | hut In  |  |                                       |                               |                       |               |  |                                       |                              |                  |                                     |  |
| III. Oil ar  |                                | Cransporte  | ers                                    |                                       |                               |                       |               |  |                                       |                              |                  |                                     |  |
| 18 Transporter<br>OGRID                              |                                |   | nsporter Nam<br>d Address              | ie                                    | 20 POD 21 O/G                 |                       |               | 22 POD ULSTR Location<br>and Description |                                       |                              |                  |                                     |  |
|  |                                | <del></del>   |  |                                       | -                             |                       |               |  |                                       |                              | •                |                                     |  |
|  |                                |   |  |                                       |                               |                       |               |  |                                       |                              |                  |                                     |  |
|  |                                | ·.  |  |                                       |                               |                       |               |  |                                       |                              |                  |                                     |  |
|  |                                |   |  |                                       |                               |                       |               |  | 2                                     |                              |                  |                                     |  |
|  |                                |   |  |                                       |                               |                       |               |  |                                       |                              |                  |                                     |  |
|  |                                |   |  |                                       |                               | MAY 2.0 (333          |               |  |                                       |                              |                  |                                     |  |
|  |                                |   |  |                                       |                               |                       |               |  |                                       | 14:14.4                      | e y coe          | , ,                                 |  |
|  |                                |   |  |                                       |                               |                       |               |  |                                       |                              | <del></del>      |                                     |  |
|  |                                |   |  |                                       |                               |                       |               |  | -                                     |                              | e I. 2           |                                     |  |
| W D  | 1 887                          | 4   |  |                                       |                               |                       |               |  |                                       | •                            |                  |                                     |  |
| IV. Produ  |                                | ter   |  |                                       | 24                            | POD ULS               | TR Location   | and Des                                  | scription                             |                              |                  |                                     |  |
|  |                                |   |  |                                       |                               |                       |               |  | -                                     |                              |                  |                                     |  |
| V. Well (  | Completi                       | ion Data  |  |                                       |                               |                       |               |  |                                       |                              |                  |                                     |  |
| 25 Spud Date 26                                      |                                |   | Ready Date                             |                                       | <sup>27</sup> TD <sup>2</sup> |                       |               | <sup>28</sup> PBTD                       |                                       | <sup>29</sup> Perforations   |                  |                                     |  |
| 2/22/96<br>30 Hole Sie                               |                                |   | 4/11/96                                | g & Tubing S                          | 11,460' CIE                   |                       |               | BP @ 7490'                               | P @ 7490' 6815'-6914  33 Sacks Cement |                              |                  |                                     |  |
|  |                                |   |  |                                       |                               |                       |               |  |                                       |                              |                  |                                     |  |
| 17 1/2"  |                                |   |  | 3 3/8" 48                             | 954'                          |                       |               |  | 840 sxs                               |                              |                  |                                     |  |
| 12 1/4"  |                                |   | 8 5                                    | /8" 28 <b>#</b> /3                    | 3860'                         |                       |               |  | 1150 sxs                              |                              |                  |                                     |  |
|  | 7 7/8"                         |   | 5                                      | 1/2" 17#                              | <u> </u>                      | 8400'                 |               |  |                                       | 600 sxs                      |                  |                                     |  |
|  |                                |   |  |                                       |                               |                       |               |  |                                       |                              |                  |                                     |  |
| VI. Well   |                                | 35 Gas Deliver  | v Date                                 | <sup>36</sup> Test I                  | Date                          | 37                    | Test Length   |  | 38 Tbg. Press                         | ıre                          | 39               | Csg. Pressure                       |  |
| 3.00   |                                | 0.00 20   | very Bate Test Bate                    |                                       |                               | 1000 Dongan           |               | - Ø - <b>-</b>                           |                                       | 0                            |                  |                                     |  |
| 40 Choke Size 41 Oi                                  |                                | <sup>41</sup> Oil   | 42 Water                               |                                       |                               | <sup>43</sup> Gas     |               |  | <sup>44</sup> AOF                     |                              | 45 Test Method   |                                     |  |
|  |                                |   |  |                                       |                               |                       |               |  |                                       |                              |                  |                                     |  |
| 46 I hereby cert                                     |                                |   |  |                                       |                               |                       | 0             | II. CO                                   | NSERVATI(                             | N DIV                        | ISION            |                                     |  |
| complied with a                                      |                                |   | ñ above is tru<br>∖                    | ie and comple                         |                               | Approved              |               |  |                                       |                              | DIOI             |                                     |  |
| Signature:   |                                | <u> </u>  | <del>/</del>                           |                                       |                               | . ipproved            | Len           | v h                                      | V. Bun                                | ريد                          |                  |                                     |  |
| Printed name: Donna Will                             |                                | Approved by: Line W. Geen  Title: District Supervisor  Approval Date: 5/30/96 |  |                                       |                               |                       |               |  |                                       |                              |                  |                                     |  |
| Title:   | -                              | <del></del>   |  |                                       |                               | Approval              | Date:         | 1/2                                      | 101                                   |                              |                  |                                     |  |
| Regulatory<br>Date:                                  | Phone                          |   |  |                                       |                               | 1 50                  | 11 · Su       |  |                                       |                              |                  |                                     |  |
|  | 5/16/9                         |   |  | 915-688-6                             |                               | <u> </u>              | 21 1          |  | وسد ر                                 |                              |                  |                                     |  |
| " If this is a c                                     | change of ope                  | erator fill in the  | OGRID num                              | iber and name                         | e of the pr                   | evious                | vell          | SI                                       |                                       |                              |                  | ı                                   |  |
| H  | Pre                            | evious Operator   | Signature                              | · · · · · · · · · · · · · · · · · · · |                               | v                     | , m., v.      |  | •                                     | Tit                          | le               | Date                                |  |

## New Mexico Oil Conservation Division C-104 Instructions

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 PSIA at 60 degrees 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

NW RC CH AO CA

Recompletion

Change of Operator

Add oil/condensate transporter Change oil/condensate 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.

- 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
- 10. The surface location of this completion NOTE: If the number 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
- 11. The bottom hole location of this completion
- 12 Lease code from the following table:

Federal

SP State

Fee Jicarilla

Ν

Navajo Ute Mountain Ute U

- Other Indian Tribe
- The producing method from the following table: F Flowing 13.

- Pumping or other artificial lift
- 14. MO/DA/YR that this completion was first connected to a gas transporter
- 15. The permit number from the District approved C-129 for this completion
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- 18 The gas or oil transporter's OGRID number
- 19 Name and address of 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.
- Product code from the following table: 21
  - 0 Oil
  - G Gas

- 22 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.)
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and the POD has no number the district office will assign a 23 number and write it here.
- The USLTR location of this POD if is is different from the 24. well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Warer Tank", etc.)
- 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
- 29 Top and bottom perforation in this completion or casing shoe and TD if openhole
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- 32 Depth of casing and tubing. If a casing liner show top and
- 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
- 36 MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- 38. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 39. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 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:

Flowing

P Pumping Swabbing

If other method please write it in.

- 46. 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.