District I			¥	St	ate of N	aw Mar	viaa	/6 <sup>6</sup> 1~	6101172	13/4	6)	C18/1	
PO Box 1980, Hobbs, NM 88241-1980 District II PO Drawer DD, Artesia, NM 88211-0719 District III 1000 Rio Brazos Rd., Aztec, NM 87410				State of New Mexico Energy, Minerals & Natural Resources Department  OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088						<b>7</b>	্ ⊒Revised		
			19							g> Submi	∑ it tooAppropi	nstructions on I	
			)							Revised February 10, 1  Instructions on 1  Submit to Appropriate District Of  APIESIA			
District IV PO Box 2088, San	us Fe Ni	M 87504.208	•	Junu		1 0/504	-2000	36. 19.	9/4	7 .1	AM 🔲 🎢	ENDED REPO	
[.				ALLOWA	BLE A	ND AII	THOE	9 17 <b>2</b> 4	> CHON: 98	(100)	-/		
	-	<del> </del>	Operator	name and Addr	CSS	110			10111		OGRID Num		
J.C. Wi		son								011158			
P O Box 16 Midland TX 79702										3 Reason for Filing Code			
		79702									NW		
'API Number 30 - 0 15-29586				<sup>5</sup> Pool Name								* Pool Code	
'Property Code				≪ ROSS DRAW DELAWARE						52795			
011808				'Property Name Ross Draw Unit						<sup>9</sup> Well Number			
	rface	Location	n	- KU	SS Draw	V UNIT					18		
	ection	Township	Range	Lot.Idn	Feet from	the North/S		uth Line	Feet from the		East/West line		
G	27	265	30E		2080	, [	Nort		2310		East	County Eddy	
	ttom I	Hole Lo		_!	1 2000	<u></u>	HOT C		2310		Last	Eddy	
	ection	Township Range		Lot Ida	Feet from	n the	North/South line		Feet from	be I	East/West line	County	
1		g Method C	1	Connection Da	te <sup>18</sup> C	-129 Permit	Number	"	C-129 Effect	ive Dat	e "C·I	29 Expiration Date	
F	P			5-97				<u> </u>					
I. Oil and Transporter	Gas I			N				<del> ,</del>					
OGRID			Transporter Name and Address			" POD " O/G			<sup>22</sup> POD ULSTR Location and Description				
015694		Navajo Refining Company				2632910 0			Poss	Ross Draw #11 Battery			
	33300	O Drawe	20	2032510			Section 22 T26S R30E						
		Artesia NM 88211-0159 Conoco											
005097		0 Box 1	26	2632930			Ross Draw #11 Battery						
	Pol	nca Cit	y 0K 7	4603		kusti santisagi				_			
								9.830					
. Produced	d Wate	er		· · · · ·	Finding.								
POD		1	-		34	POD ULSTI	R Location	and De	cription				
2632950		fro	m Ross	Draw #11									
Well Con	pletic	n Data							<del></del> -			<del></del>	
Spud Da	le		24 Ready Da	ite		110			" PBTD		29 Perforations		
8-19-97	- C!	10-5-97		6070							5882-5975'		
* Hole Size			31 Casing & Tubing Size			<sup>32</sup> Depth Set				<sup>35</sup> Sacks Cement			
17-1/2" 11"			13-3/8"			606'				400 sx followed by 250			
			8-5/8"			3100'			1100 sx + 150 sx				
7-7/8"		5-1/2		6070'			400 sx + 600 sx						
Well To	A Dec		2-7/8			577	'8 <b>'</b>						
Well Test		™ Gas Dei	very Tree-	err flate		77 77							
10-5-97		10-5-9	-			"Test Length 24 hr.			M Tbg. Pressure				
** Choke Size				10-6-5		24 nr.						no packer	
		124	-	275		278 Gas			" AOF		P	Test Method	
nereby certify that	the rules	of the Oil Co	nservation Div	ision have been a	complied				<del>_</del>				
and that the information and that the information and belief.	$\sim$	i		ete to the best of	my		OIL	CONS	SERVAT	NOI	DIVISIO		
iture: Mass	Vin	11/1	01.	100		pproved by:		e e				GUM	

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

Previous Operator Signature Printed Name Title Date

Phone: (915)682-1797

Title:

Approval Date:

19-19-97

Printed name:
Mary Jame Williamson

Production

10-9-97

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.

- 1. Operator's name and address
- Operator's OGRI() number. If you do not have one it will be assigned and filled in by the District office. 2.
- 3.

CG

Reason for filing code from the following table:

NW New Will

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) request for test allowable undique very 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
- The property code for this completion
- The property name (well name) for this completion 8.
- 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 us a 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 PSP.

Ň

rea Jicarilla Navajo Uta Mountain Uta Other Indian Tribe

- 13. The producing method code from the following table:

  F Flowing
  Pumping or other artificial lift
- 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
- 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.
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- 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

- 22. T' e 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 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.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- 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. 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
- MO/DA/YR that gas was first produced into a pipeline 35.
- 36. MO/DA/YR that the following test was completed
- **37**. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- **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
- 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: 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.