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

District II

PO Drawer DD, Artesia, NM 88211-0719

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

Previous Operator Signature

State of New Mexico Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION

Form C-104 Revised February 10, 1994 Instructions on back ies

RT

District III 1000 Rio Braz	ne Rd., Aztı	c, NM 87410	PO Box 2088 Santa Fe, NM 87504-2088					ON	5 C				
District IV PO Box 2088,									•			iended re	
1. r		REQUE	ST FOR	ALLOWA	BLE A	AND A	JTHOR	[ZA]	TION TO				
J.C. 1	Williar	nson	Operator	28			OGRID Number						
P 0 B									3 Reason for Filing Code				
Midlai	nd TX	79702							NW			_	
	API Number	r	⁵ Pool Name						' Pool Code				
30 - 0 15	- 29002 roperty Cod		ROSS DRAW DELAWARE, Easi					ST	5			52795	
011808	3			Ross Dra		Property Na	ıme				' Well Number 19		
Ul or let no.	Surface	Location											
		Township	Range Lot.Idn		Feet from the		North/South Line		Feet from ti	e East	/West line	County	
C 11 1	27	26S	30E	<u></u>	660) '	North		1980	W	est	Eddy	
UL or lot no.	Section Section	Hole Lo		T									
	Section	Township	Range	Lot Ida	Feet fr	om the	North/Sout	th line	Feet from t	he East	/West line	County	
12 Lee Code	" Produci	ing Method C		Connection Date 24/97	e 15	C-129 Permi	t Number	1	C-129 Effect	ive Date	" C-	129 Expiration [
II. Oil ar	nd Gas	Transpor	L							-	<u> </u>		
Transporter OGRID		19 Transporter Name and Address				²⁸ POD 21 O/G			²² POD ULSTR Location and Description				
015694		Navajo Refining Company P O Box 59			2	2632910			Ross Draw #11 Battery				
Artesia			500						Section 22 T26S R30E				
005097		Conoco O Box	1267			2632930			Ross Draw #11 Battery				
Ponca Ci			1207						123456				
				· · · · · · · · · · · · · · · · · · ·						<u> </u>	4 /		
						de de la companya de de la companya de de de la Companya de la companya de de la companya de de la companya de de la companya de la companya de la companya de			728		1907		
									A.7526272		EIVED ARTESIA	Na Maria	
7. Produc		ter				The state of the s	**********	e-1680000	100	يح.		\ \	
" PC	OD		²⁴ POD ULSTR Location and					and De	Description C120751				
2632950			s Draw ;	#11 Batte	ry to	CRW-SW	ID						
Well Co		on Data	W =										
¹⁵ Spud Date 9-9-97 10		10-	** Ready Date -24-97 6050			" TD			" PBTD		** Perforations 5876-5974 **		
³⁶ Hole Size			31 Casing & Tubing Size			32 Depth Set					³³ Sacks	Cement	
17-1/2"			13-3/8"			616' Post			TD-2 400 sx + 250 sx) sx		
11"		8-5/8"								sx + 250 sx			
7-7/8"			5-1/2"			6049'			400 cv			+ 500 sx	
			2-7/8"			5992'			100 0% / 000 3%				
. Well T		a				3332	·		L				
M Date New	1		ivery Date Mark Date			" Test Length			" Tog. Pressure " C		Csg. Pressure		
		10/25/97		10/29/97		24	24 hr.		pumping		no packer		
	" Choke Size 41 120		380 Water		er	100	100		" AOF		D D	4 Test Method	
hereby certify	that the rules	of the Oil Co	onservation Div	ision have been c	omplied					·			
n and that the it wicdge and beli	ம ாயய் பாழ் icf. ்	iven above is	irue and compl	ete to the best of	my		OIL (CON	SERVAT	ION D	IVISIC	N	
nature Milliamson						Approved by: GEIGINAL SIGNED BY TIM W. GUM							
Mary Jane Williamson						Title: DISTRICT II SUPERVISOR							
Production						Approval Da	te:		4 10	200	 -		
10/31/97 Phone: (915)682-1797						Approval Date: 2-17-98							
	· · · · · · · · · · · · · · · · · · ·			10/00K-1/	<u> </u>								

Printed Name

Title

Date

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT 1'HE 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 despened 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 filied in by the District office. 2.
- Reason for filing 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. 3.

- 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 United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the CICD unit letter.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table: Code from the follow Federal State S S
- The producing mathed deput from the following table:
 Flowing
 Pumping or chestifficial lift 13.
- MO/DA(VR that this completion was first connected to a gas transporter 14

**

- 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
- 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:

- 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.) 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
- 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 openhole 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.

- 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
- 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
- 41. Barrels of oil produced during the test
- Barrels of water produced during the test 42
- 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.
- 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
- 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.