District i

 $PO(86 \times 1980, \, Hobbs, \, NM/88241-1980)$

District II

PO Drawer DD, Artesia, NM 88211-0719

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

OIL CONSERVATION DIVISION

Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

2040 South Pacheco Santa Fe, NM 87505

State of New Mexico ergy, Minerals & Natural Resources Department

| 140 South Pacheco | | | | •• | | | | | | | NUED REPOR | | |
|---|------------------------------|--------------------|-------------------------------|------------------------------------|-------------------|----------------------------------|---|-------------------|---|---------------------------|-----------------|--|--|
| I | | REQUES' | Γ FOR A | LLOWAR | BLE A | ND AU | JTHO | RIZAT | ION TO TR | | | | |
| Operator name and Address | | | | | | | | | | ² OGRID Number | | | |
| BURLINGTON RESOURCES OIL & GAS COMPANY | | | | | | | | 26485 | · · · · · · · · · · · · · · · · · · · | | | | |
| P. O. BOX 51810 | | | | | | | ³ Reason for | | | | ode | | |
| MIDLAND. TEXAS 79710-1810 | | | | | | | 5 Pool Name | | | | NW 6 Pool Code. | | |
| | | | $\mathcal{M}_{\mathcal{O}}$ | | | | | | 96846 | | | | |
| | | | | | | DRAW WOLFCAMP GAS Property Name | | | | ⁹ Well Number | | | |
| | 23149 | | | CORRAL DRAW 9 FEDERAL | | | | | | | 1 | | |
| | | e Location | | | OOMONE | | | | | | | | |
| UL or lot no. | Section | Township | Range | Lot. Idn | Feet fro | m the | North/S | outh Line | Feet from the | East/West line | County | | |
| С | 9 | 25\$ | 29E | | 6 | 560 | NO. | ORTH | 1650 | WEST | EDDY | | |
| | Bottor | n Hole Lo | cation | | - | | | | | | | | |
| UL or lot no. | | | Range | Lot. Idn Feet fro | | from the North/South Line | | Feet from the | East/West line | County | | | |
| <u>F</u> | 9 | 25S | 29E | | 1 | 332 | 32 NORTH | | 2574 | WEST | EDDY | | |
| Lse Code | e Code 3 Producing Method C | | <u> </u> | | e 15 C | C-129 Permit Number | | 6 C-129 Effective | Date 17 C- | 129 Expiration Dat | | | |
| <u> </u> | | <u> </u> | | 3-98 | | | | | | | | | |
| II. Oil an | d Gas | | | | | 30 805 | | 21.075 | 22 BO | DITTEL | On. | | |
| | | | ansporter Name and Address | | | 20 POD 21 O/G | | | 22 POD ULSTR Location and Description | | | | |
| 32109 | 32109 L.G. & E.G | | | THERING & PROCESSING CO | | | 811 | G | METED AT LIE | II INCATION | | | |
| 32103 | \$\$\$\$\$\$\$\$\$\$\$\$\$\$ | | IGER STREET, | | | 521810 G | | | METER AT WELL LOCATION UL-C, SEC. 9, T25S, R29E, EDDY CO. | | | | |
| | | | EXICO 88240 | | | 001000 | | | | | | | |
| 015694 NAVAJO REFINING CO. | | | | | | 82/80 9 0 TANKS ON LOC., WI | | | | | | | |
| P. O. BOX 159 ARTESTIA, NEW MEXICO 88211 | | | | | | | ## ### ### UL-C, SEC.9, T25S, R29E, EDDY CO | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | *************************************** | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| - | | | | | | | | | | | | | |
| IV. Produ | <u>iced W</u> | ater | | | 24 | POD III S | TR Loca | tion and De | scription | <u> M. A. William</u> | 4 | | |
| 0011 | 5 711 | LIATED | ווזון מכ ז | מווכעבת דמ | | | | | L-M, SEC. 23 | T265 R30I | F EDDY CO | | |
| V Wall (| // رَ | tion Data | WILL BE | RUCKED TO | INE CR | W DISF | JOAL LI | INE IN O | L-11, JLG. 25 | , 1200, 100. | 2, ,2001 00. | | |
| ²⁵ Spud Date | | | ady Date | 27 | 27 TD | | ²⁸ PBTD | | | | DHC, DC, MC | | |
| 4-26-98 | | 6-30-98 | | 12,236'MD | | 12,236' MD | | 11,325'-12,194' | | | | | |
| 31 Hole Size | | | ³² Casi | ng & Tubing Si | ze | 33 Depth Set | | -/2 i . | 34 Sacks | Cement | | | |
| 17-1/2" | | | | 607 Rest FD-2 530 SXS C | | | | | SXS C | | | | |
| 12-1/2" | | | | | | 2897 | 10-18-9 | 1050 | SXS H | | | | |
| 8-3/4" | | | | 9-5/8" 7" | | 10,820 | | | comp | 2 1470 | SXS H | | |
| 6-1/8" | | | Λ | -1/2" LINE | 10,508'-12,236'MD | | | 1 | 225 SXS H | | | | |
| VI. Well Test Data | | | | | | | | | | | | | |
| 15 Date Nev | | 36 Gas Deli | very Date | 37 Test D | ate | 38 | Test Len | igth | ³⁹ Tbg. Pressu | 1re 40 | Csg. Pressure | | |
| | | | | | | | 44 Gas | | | | | | |
| 41 Choke Size | | ⁴² Oi | 43 Water | | r | | | | ⁴⁵ AOF | 46 | Test Method | | |
| | | | · | | | | - | | | | | | |
| 47 I hereby cer | tify that th | e rules of the O | l Conservatio | n Division have rue and complet | been te to | | | | ONSERVATIO | | | | |
| the best of my | | | 2 1 | and complet | | Approved | d by: | | IAL SIGNED | | SUM . | | |
| Signature: Naria L. 1232 | | | | | | TC 1-1 | | VIO I KI | CY II SUPER | 113UR | | | |
| Printed name: MARIA L. | | | | | | Title: | | | | | | | |
| Title: | | | | | | Approval Date: | | | | | | | |
| REGULATORY REPRESENTATIVE | | | Phone: 915-688-6906 | | | 1.7.3.18 | | | | | | | |
| 9/29 | | | | | | | | | | | | | |
| 48 If this is a | change of | operator fill in t | he OGRID nu | imber and name | of the pr | evious ope | erator | | | | | | |
| Previous Operator Signature | | | | | | | Printed Name Title 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 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. Operator's name and address Operator's OGRID number 2 Operator's OGRID number—if you do not have one it will be assigned and filled in by the District office. Reason for filing code from the following table: NW New Well 3 RC CH AO Recompletion 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 AG CG 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 8 The property name (well name) for this completion The well number for this completion 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.' 10 box. Otherwise use the OCD unit letter. 11 The bottom hole location of this completion Lease code from the following table: 12 Federal State Fee S Ŋ Jicarilla Navajo Ute Mountain Ute Other Indian Tribe The producing method from the following table:
F Flowing
P Pumping or other artificial lift 13 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 16 MO/DA/YR 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 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: G Gas 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 the POD has no number the district office will assign a number and 23 write it here The USLTR location of this POD if is is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water 24. Tank" etc.) 25 MO/DA/YR drilling commenced

MO/DA/YR this completion was ready to produce

 $^{\top}\text{op}$ and bottom perforation in this completion or casing shoe and TD if openhole

Total vertical depth of the well

Plugback vertical depth

26

27

28

29

- Write in DHC' if this completion is downnote commingled with another completion. DC if this completion is one of two non-commingled completions in this well bore or MC in this well bore. Write in in this well bore
- Inside diameter of the well bore 31
- 32 Outside diameter of the casing and tubing
- 33 Depth of casing and tubing. If a casing liner show too and
- 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. $\frac{1}{2} \int_{\mathbb{R}^n} \frac{1}{2} \left(\frac{1}{2} \int_{\mathbb{R}^n} \frac{1}{2} \left(\frac{1}{2} \int_{\mathbb{R}^n} \frac{1}{2} \int_{\mathbb{R}^n} \frac{1}{2} \left(\frac{1}{2} \int_{\mathbb{R}^n} \frac{1}{2} \int_{\mathbb{R}^n}$

- 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
- 39 Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 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
- MCF of gas produced during the test 44
- 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 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 47 signed, and the 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 wassigned by that person. 48.