District I

PO Box 1980, Hobbs, NM 88241-1980

District II

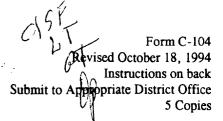
PO Drawer DD, Artesia, NM 88211-0719

District III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Energy, Minerals & Natural Resources Department 1912

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505



District IV 2040 South Pacheco	Santa Fe	NM 87505						north			AME	NDED REPORT	
I.			Γ FOR A	LLOWA	BLE.	AND A	UTHO		TON TO	TRANSI	ORT	•	
¹ Operator name and Address									² OGRID Number				
BURLINGTON RESOURCES OIL & GAS COMPANY P. O. BOX 51810							1				26485		
MIDLAND, TEXAS 79710-1810											Reason for Filing Code		
4 A		⁵ Pool Name				6 Pool Code							
30-0	15-302	ROSS DRAW WOLFCAMP GAS						84330					
⁷ Pro	perty Code		⁸ Property Name						9 Well Number				
23430			EL PASO "14" FEDERAL						1				
				T	F	from the North/South Line			Feet from the East/West line County			Country	
UL or lot no. Section K 14		Township 26S	Range 30E	Lot. Idn	1	1900	SOUTH		Feet from the 1850	WEST		County EDDY	
		n Hole Lo				1300	<u> JC</u>	70111	1 1050	, WES	<u> </u>	<u> LOUT</u>	
UL or lot no.							rom the North/South Line		Feet from the	the East/West line		County	
0	14	26S	30E			930			1759	EA		EDDY	
12 Lse Code	i				ato 15	C-129 Per	9 Permit Number		⁶ C-129 Effect	ctive Date 17 C-129 Expiratio		29 Expiration Date	
F Oil on	d Coo	Francost		1-30-98				<u> </u>		1			
III. Oil an	u Gas		ansporter Name			20 POD 21		21 O/G	22 POD ULSTR Location		on .		
			and Address							and Description			
013034		VAJO REFINING COMPANY			_	282267/		0	UL-K, SEC	SEC.14, T26S, R30E. TEST TANKS			
P. O. BOX 1 ARTESIA. NE			W MEXICO 88211						ON LOCATION. WILL HAVE OWN BATTERY.				
020809	_					2822672 G			UL-K, SEC.14, T26S, R30E.				
201 MAIN ST			REET, STE. 2300						METER AT WELL LOCATION.				
	FU	RT WORTH,	IEXAS /6.	102						 .			
										0 4	· ~		
										1-16-99			
										Comp			
IV. Produ		ater			2	4 POD ULS		in and Da					
²³ POI					ng trans	ported via	a poly lir	ne as of 1	-8-99 which			ng poly line in	
28224	omplet	ion Data	UL-B, Sec CRW Dist	:. 23, T26S, posal Corpo	R30E I ration S	Eddy Co., SWD line	N.M. F in UL-M	rom this 1. Sec. 23	point water is T26S, R30	s transporte E. Eddy Co	ed via p NM	ooly line to _	
V. Well Completion Data 25 Spud Date 26 Re			ady Date 27 TD			²⁸ PBTD			²⁹ Per	²⁹ Perforations ³⁰ DHC, DC, 1			
		11-11-98				13.910' MD		12.610	510'-13,906' 34 Sacks Cement				
³¹ Hole Size			32 Casing & Tubing Size			33 Depth Set							
17-1/2"			13-3/8"			400				365 SXS C TO SURFACE			
12-1/4"			9-5/8"			3680			+	1820 SXS C TO SURFACE			
8-3/4"			7"			11,800				1450 SXS H-TOC @6284' T.			
	5-1/8"		4-1/2" LINER			11,455'-13,9			10' NONE			NE	
VI. Well 7		ta Gas Deliv	livery Date 37 Test Date			38 Test Length		39 Tbg. Pressure		40 Csg. Pressure			
220 1.07 011				12-29-98					5645 PSI		0 - Pkr.		
41 Choke Size		11-30-98 42 Oil		43 Water		24 HRS 44 Gas		45 AOF		46 Test Method			
3/64"		0		0					9.912		4-pt.		
47 I hereby certify that the rules of the Oil Concomplied with and that the information given at				onservation Division have been			OIL CONSI			ERVATION DIVISION			
the best of my k			en above is t	rue and comple	ete to	Approved	l bv:						
Signature:	Mar	ia I.	Merz					sure:	VISCR, D	SIRE	<u> </u>		
Printed name:	PEREZ		ک	• 		Title:							
Title: REGULATORY REPRESENTATIVE						Approval Date: 1-13-99							
Date		DENIALIVE.	Phone: 915-688-6906			-	1 10 11						
1-11						revious ora	retor						
If this is a c	nange of o	perator fill in th	e ogkid nu	moet and name	o or the p	ous ope	.4.01					1/7/99	
	P	revious Operate	or Signature			Pr	inted Nam	e		Titl	е	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.

volumes at 15.025 PSIA at 60 degrees. Report all gas volumes at 15.025 PSIA at 60 de Report all oil volumes to the nearest whole barre

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

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

Recompletion

CH AO CO

AG CG

Accompletion
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) requested)

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

- 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
- 8. The property name (well name) for this completion
- The well number for this completion 9.
- 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. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table: 12.
 - Federal State
 - SP Fee
 - Jicarilla
 - U
 - Navajo Ute Mountain Ute Other Indian Tribe
- 13 The producing method from the following table:

 - 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.
- 16. MO/DA/YR of the C-129 approval for this completion
- 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 20. assign a number and write it here.
- 21. Product code from the following table:
 - 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 (Example. Tank", etc.)
- 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 29 shoe and TD if openhole

- 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.
- 31 Inside diameter of the well bore
- Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and
- 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
- 36 MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed 37.
- 38. Length in hours of the test
- Flowing casing pressure oil wells Shut-in casing pressure gas wells
- 40. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 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 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 about thisreport.
- 48. 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.